

Name
in
Full

William Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Baltimore

MARYLAND

Month

Day

Year

Date
of death

1960

Mar

18

Age

0

Months

Days

11

20

Sex

male

Color or
Race

white

Birth-
place

Davis, W. Va.

Occupation

Where Residing if not
at place of death

Davis, W. Va.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Geo. E. Ambrose

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Delia P. Bohrer

Mother's
Birthplace

W. Va.

Name of person giving
Information

Geo. E. Ambrose

How related
to deceased

Daughter

CAUSES OF DEATH

9p

Primary

Bronchitis - pneumonia

Do not turn
How long

Immediate

Asphyxia

How long

24 hours - 2

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

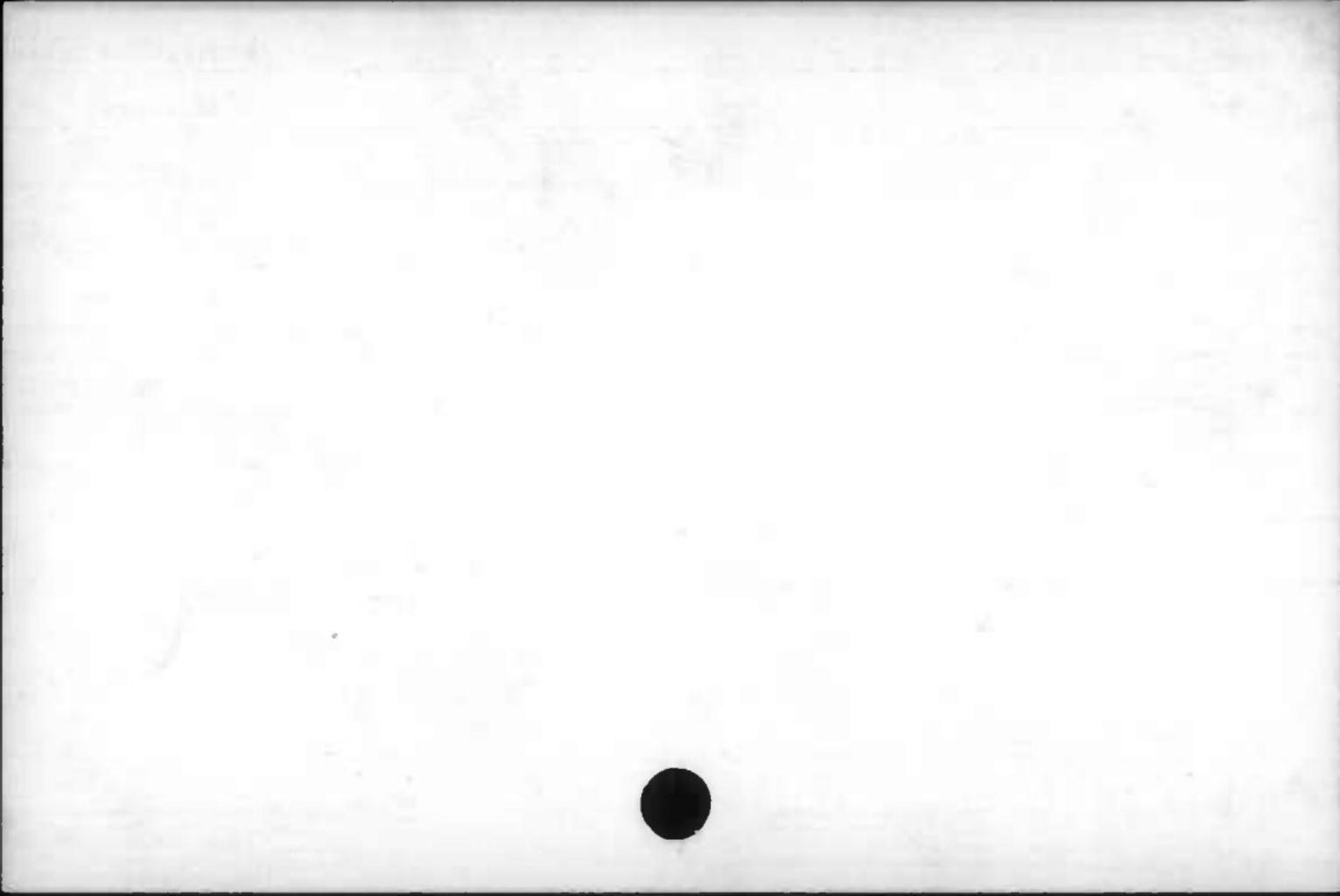
Address

Geo. R. Conner,
Brunswick,
Md.

PHYSICIAN
OR CORONER

H

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



James Howard Baer

CERTIFICATE OF DEATH

MARYLAND

Died at Frederick Town County
Date Month Day Years Months Days
of death 1900 3 25 0 2 0

Sex Male

Color or
Race

White

Birth-
place Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James Howard Baer

Father's
Birthplace

Frederick

Mother's
Maiden Name

Estella Kefauver

Mother's
Birthplace

" " "

Name of person giving
Information

J. H. Baer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronch. Pyemic
Cardiac failure

9k

v

Immediate

Swelling

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

12 Year
F. H. Hedges
Frederick

Accident or Suicide

Interment Near 26 1910

" at Middletown Lutheran Cemetery

Thomas P. Rice F. & L.

Dr Hedges

Dr Mc Cusdy

Name
in
Full

Lydia Florence Blank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County				
Died at home Middletown	Fredericks				
Date of death 1910	Month December	Day 20	Years Age 20	Montha 9	Days 22
Sex Female	Color or Race White	Birth-place Frederick Co Md			
Occupation Housewife	Where Rasing if not at place of death ✓				
Married, Single or Widowed Married	Name of Wife or Husband Ray Chester Blank				
Father's Name Lawson Summers	Father's Birthplace Frederick				
Mother's Maiden Name Julia Fredericks	Mother's Birthplace NC				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary

Puerperal Peritonitis

Immediate

Loymer

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E L Beckley

Address

Middletown
Md

137

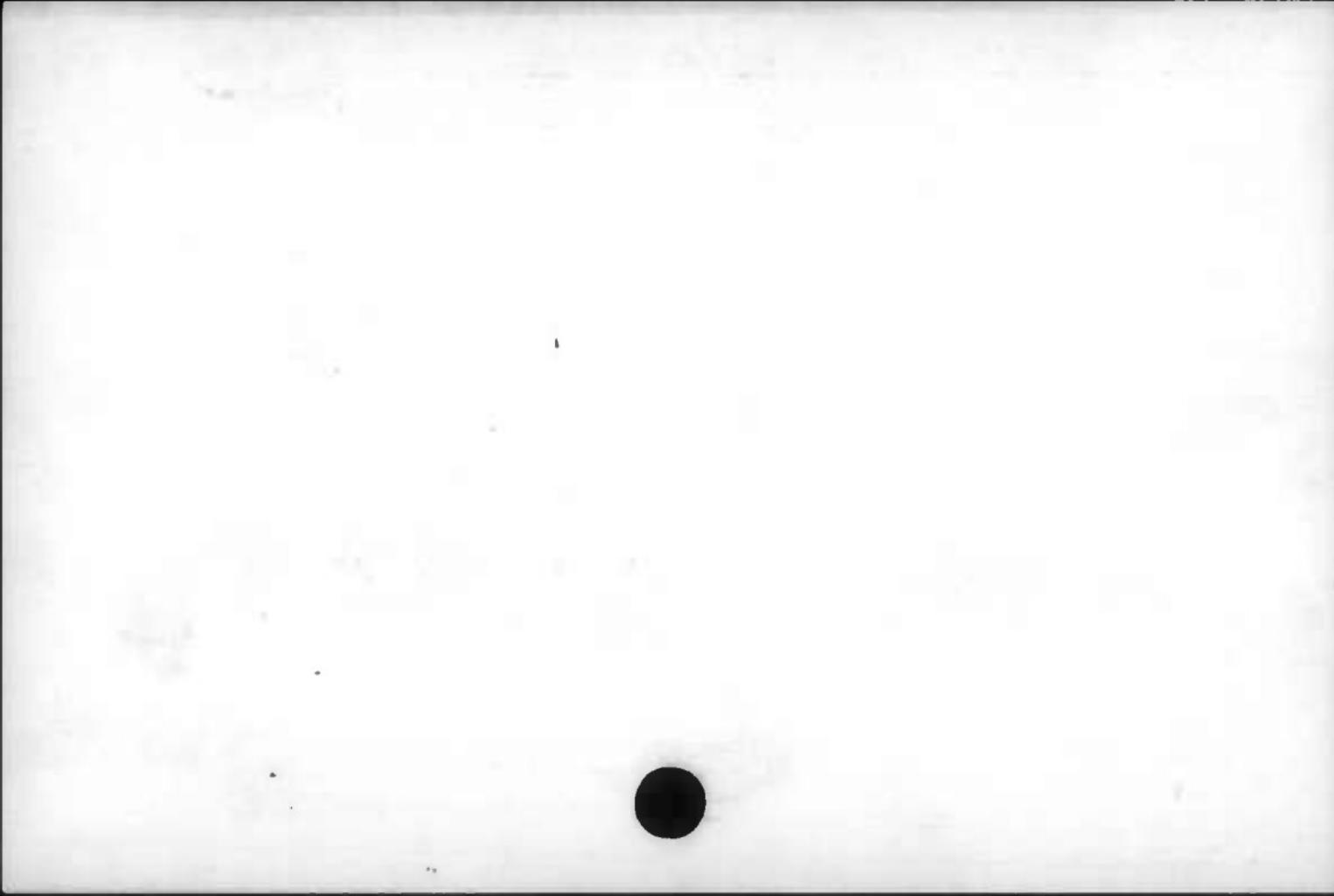
How long

4 days

How long

4 days

Accident or Suicide



Name
in
Full

Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age Premature birth 7 $\frac{1}{2}$ months	
Occupation	Black	Birth-place	near Frederick
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	John Bowie	Father's Birthplace	Fredk Co.
Mother's Maiden Name	Emma Bibbines	Mother's Birthplace	Montg. Co
Name of person giving information	John Bowie	How related to deceased	Father
CAUSES OF DEATH			
Primary	36 V		
immediate	Syphilis	How long	Unknown
Premature birth		How long	7 $\frac{1}{2}$ months

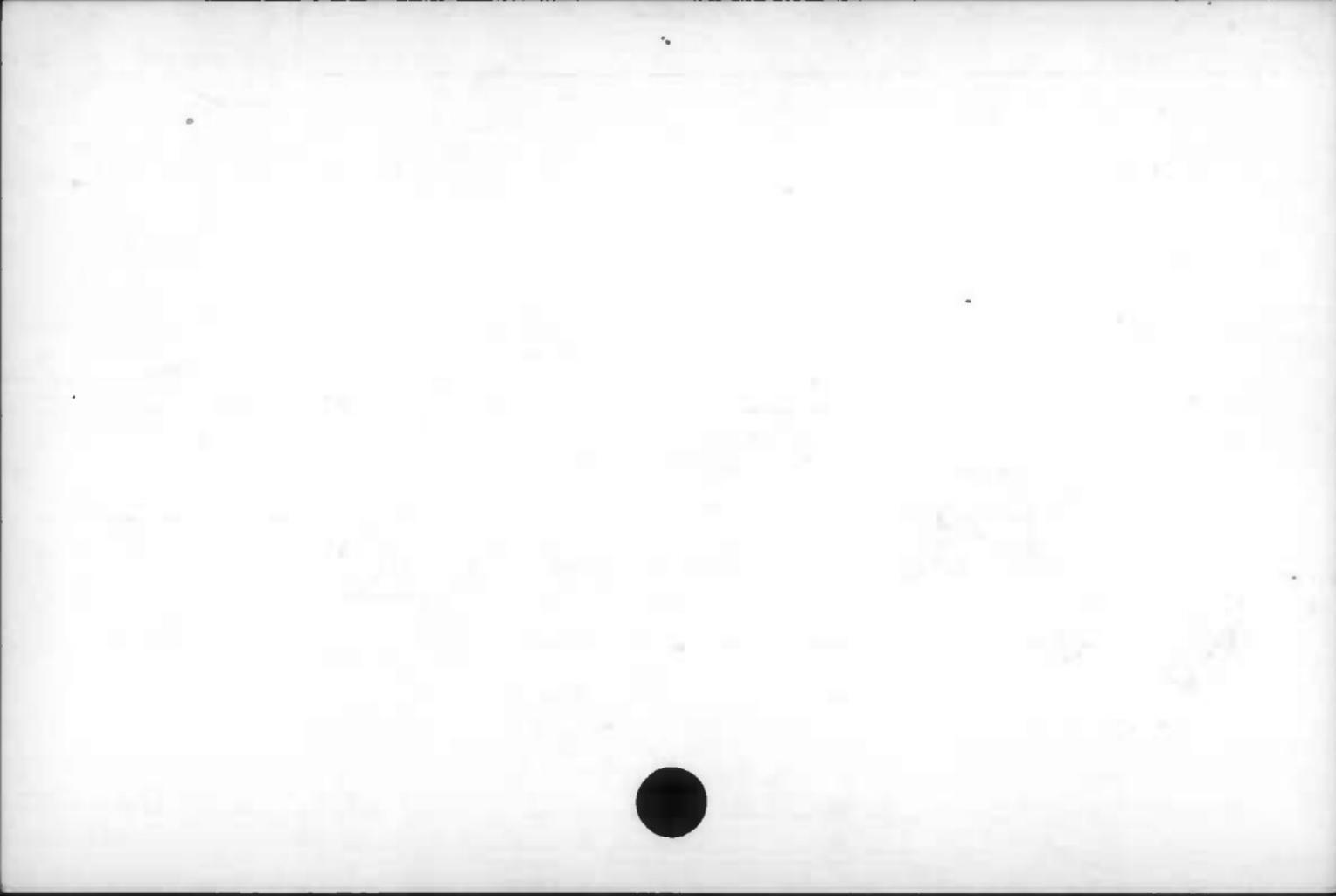
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Robert S. Bowie

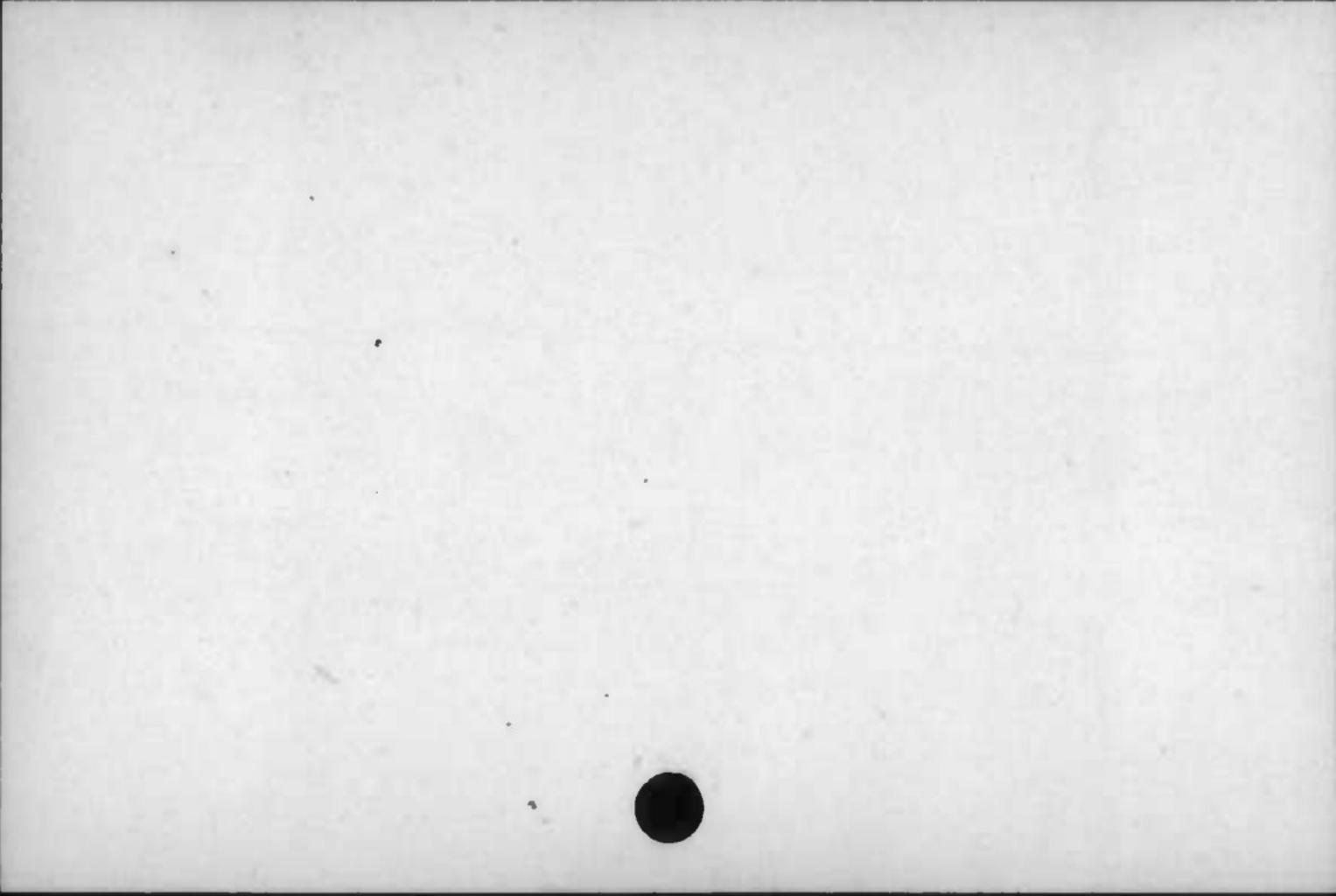
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age.	7	9	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bradley Bowie				
Mother's Maiden Name	Elizabeth —				
Name of person giving Information	Bradley Bowie				
CAUSES OF DEATH					
Primary					
Immediate	Pneumonia				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes as parasleamed		Thomas Grunwell, Sub Registrar Araby, R.F.D., Md.			
Accident or Suicide?					

PHYSICIAN
OR CORONER





Name
in
Full

McJeanette Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Fredk</i>		County <i>Fredk</i>		MARYLAND	
Date of death	Month <i>March</i>	Day <i>27</i>	Years <i>5 8</i>	Age	Months <i>1</i>	Days <i>13</i>
Sex	Female		Color or Race <i>White</i>	Birth-place <i>Md</i>		
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death <i>Janesia Brown</i>			
Married, Single or Widowed			Name of Wife or Husband <i>Jamesia Brown</i>			
Father's Name	<i>abram E. Gardner</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name	<i>Mary E. Bruey</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information	<i>Jas. A. Brown</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

40

✓

Primary *Carcinoma of Liver*

How long

don't know

Immediate *Exhaustion*

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W.W. Crawford, M.D.

Address

Fredk Md

I

Accident or Suicide?



Name
in
Full

Joseph Lewis Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Town County
Died at Point of Rocks Frederick
Month Month Day Years Months Days
Date of death 1900 March 25 Age 76 1 15
Sex Male Color or Race White Birth-place London Co Va
Occupation Retired Farmer Where Residing if not at place of death Point of Rocks
Married, Single or Widowed Married Name of Wife or Husband Mary Fry Father's Birthplace not known
Father's Name not known Mother's Birthplace not known
Mother's Maiden Name not known How related to deceased Daughter
Name of person giving information Mrs L. W. Wright

CAUSES OF DEATH

Primary

Paralysis Agitans

Immediate

Paralysis of the Heart

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

63

✓
How long

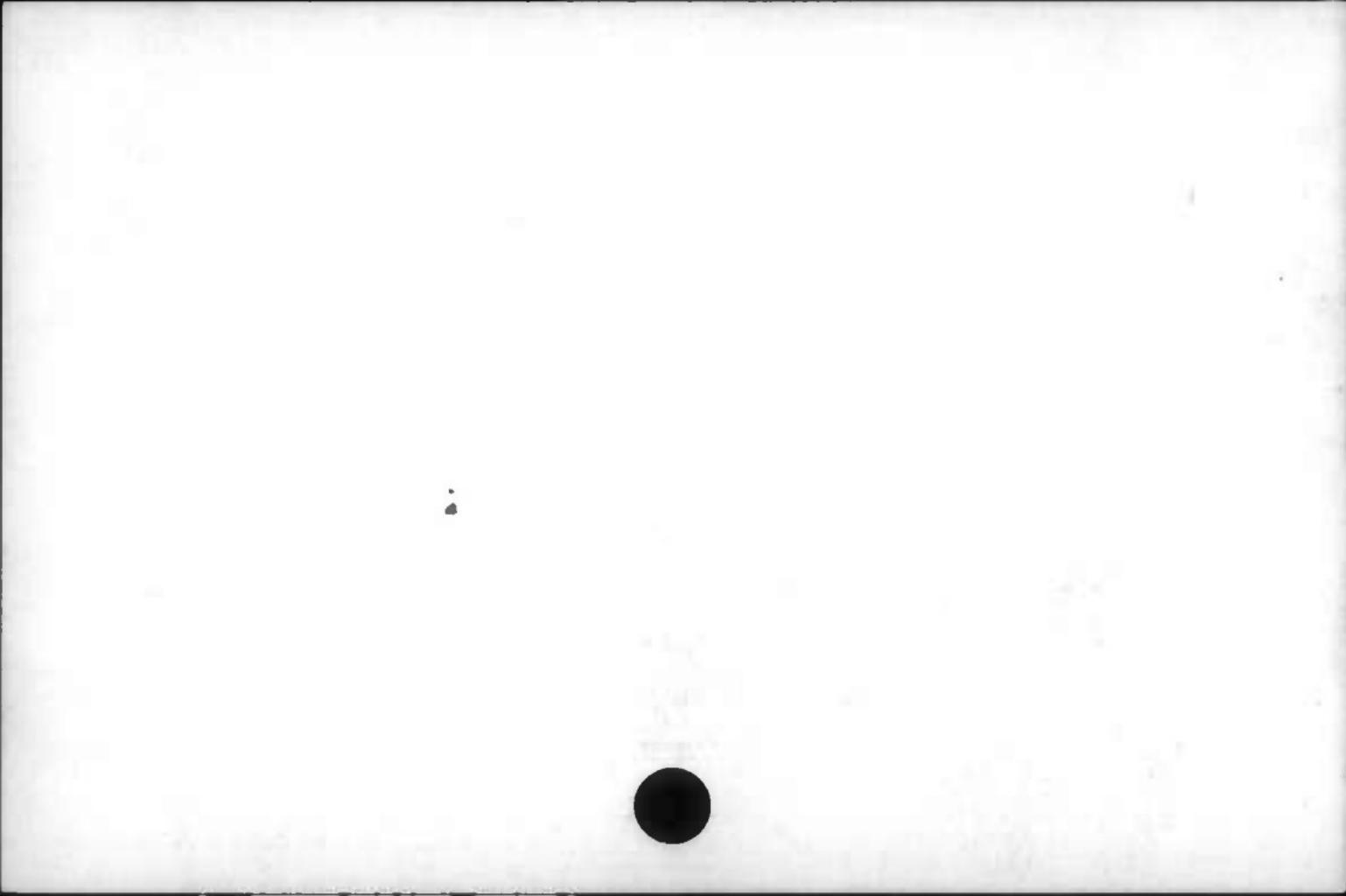
five years

How long

immediate

R. W. Trapnell,
Point of Rocks
not

Accident or Suicide



Name
in
Full

Susan Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Near Fowrille	Fredrick		
Date of death	Month	Day	Years
1900	3	31	Age 86
Sex	Color or Race	Birth-place	Months Days
Female	White	Germany	11 26
Occupation	Where Residing if not at place of death		
None			
Married, Single or Widowed	Name of Wife or Husband	Samuel Brown	
Father's Name	Daniel Smith	Father's Birthplace	Germany
Mother's Maiden Name	Margaret Ohans	Mother's Birthplace	
Name of person giving Information	Alice Barbangle	How related to deceased	Daughter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Fracture femur Hip.

185

How long

v

shakes

Immediate Hypostatic pneumonia

5 days

Are the name, age, sex, color, date and place correctly given above?

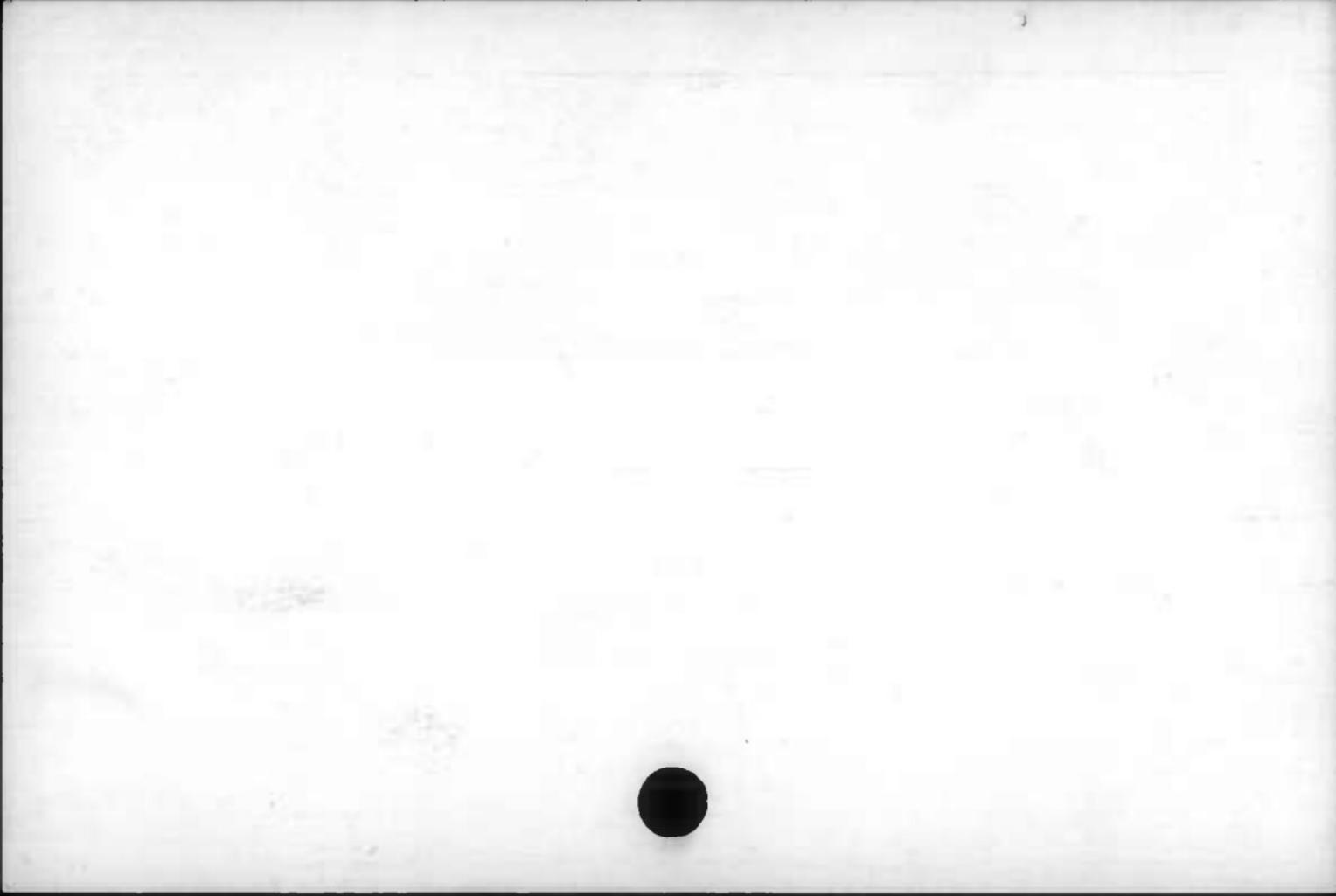
Signature of Physician

Address

Accident from fall

Morris Q. Bush
Thurmont
Md.

Accident or Suicide



Name
in
Full

Daniel Edward Brum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick	MARYLAND
Date of death 1910	Month	March	Day	29	Years 56 Months 10 Days 19
Sex male	Color or Race	white	Birth-place	New York	
Occupation Painter	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife - Husband				
Father's Name	Edward Brum				
Mother's Maiden Name	Charlotte Elizabeth (?)				
Name of person giving information	Charles Brum				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis

Immediate ~~Insomnia~~

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wyn Crawford Johnson

Fredrick Md

Accident or Suicide

Neither

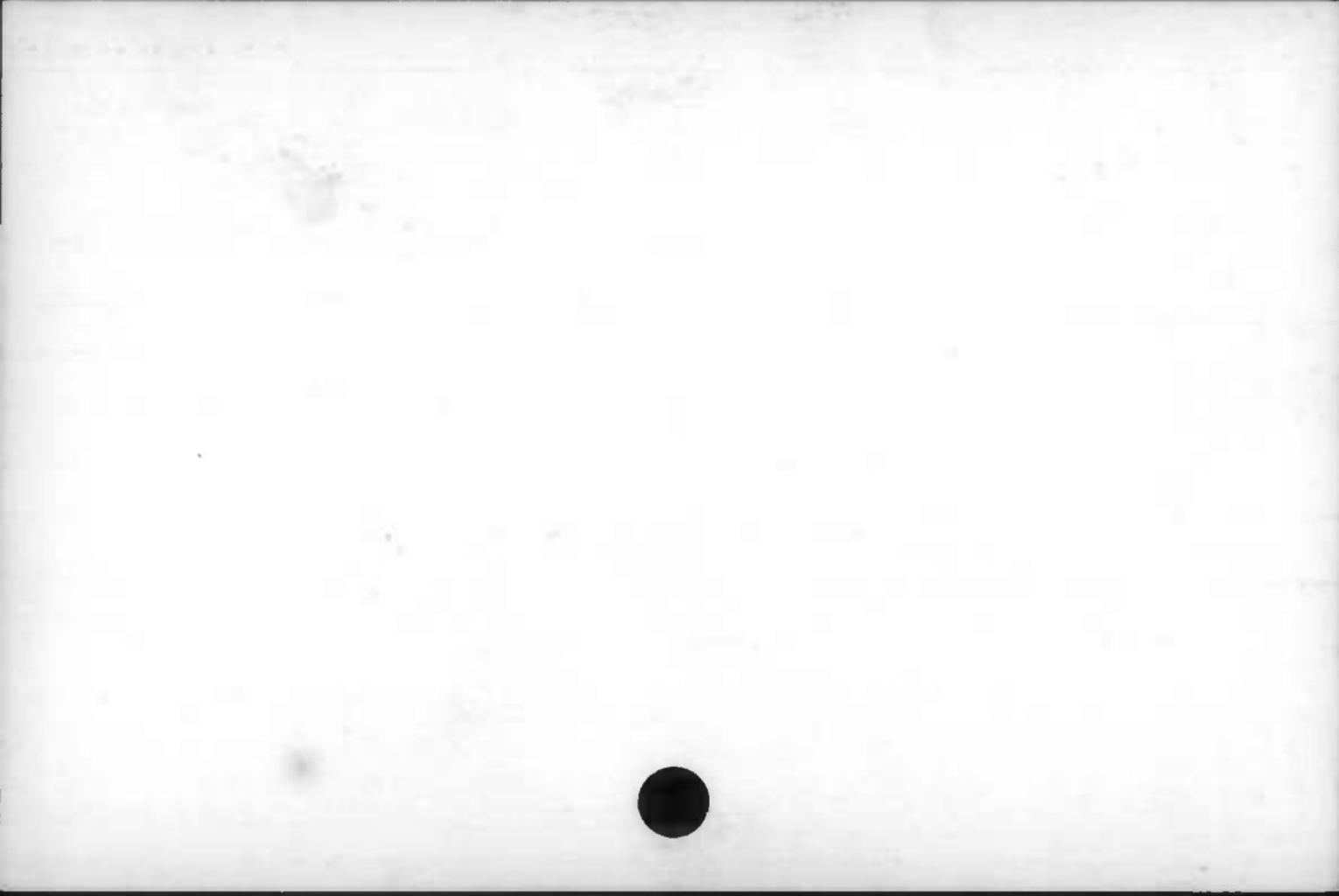
120

How long

several years

How long

two days



Name
in
Full

Robert S. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1910

Month

3

Day

7

Years

44

Months

8

Days

3

Age

44

Sex Male

Color or
Race

Black

Birth-
place

Pittsburg Pa

Occupation

Shoe Repairer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Robert S. Campbell

Father's
Birthplace

Fredericks

Mother's
Maiden Name

Charlotte Walker

Mother's
Birthplace

"

Name of person giving
Information

Hunter Campbell

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

1

✓

How long

Four weeks

Immediate

Cardiac Asthma

How long

Three days

Are the name, age, sex, color, date
and place correctly given above?

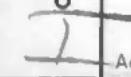
yes

Signature of
Physician

Address

B.O. Shonadap M.D.,
Frederick
Md..

PHYSICIAN
OR CORONER



Accident or Suicide

Interment Mar 9. 10

" at Caboring Louis Cem.
Thomas P. Rice Fid.

Dr B. O. Thomas

Dr M Cusdy

Name
in
Full

Virginia May Carey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Husband	Name	
Father's Name	Jacob R. Carey		
Mother's Maiden Name	Md.		
Name of person giving information	Mil.		

Dornb. Frederick 1960 March 21 25 5 20
Female white
Tours Kitchen Home
Married Husband
Dame S. Williams
May Virginia Baston
Mr. John Carey
Brooklyn

CAUSES OF DEATH

54 ✓

How long

3 weeks

How long

Primary

Asthma

Immediate

✓

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Baldwin Frame.
Adamstown. Del.

PHYSICIAN
OR CORONER

Accident or Suicide?

Mc Candy
Goddell

Name
in
Full

Castle Clantina O Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex Female	Color or Race	White	Birthplace		
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace		
Father's Name	Roslyn Castle		Ind		
Mother's Maiden Name	Amelia Wair		Ind		
Name of person giving Information	Martin O Castle	How related to deceased	Brs		

CAUSES OF DEATH

Primary

General Paroxysm

(67)

How long

Years

Immediate

Asthma

How long

3 months

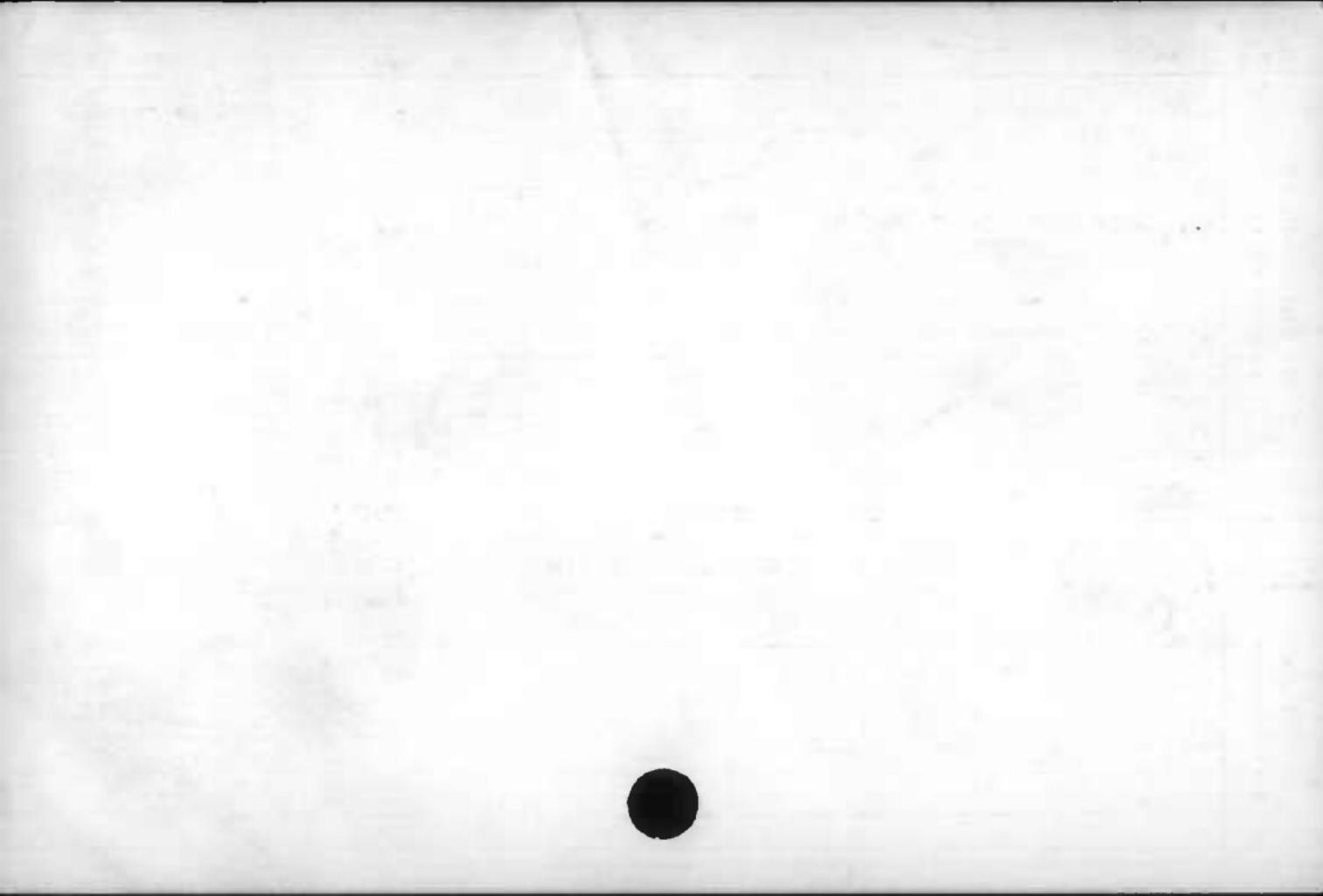
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry P. Farney, M.D.
Frederick, Md.

Accident or Suicide



Name
in
Full

Fannie P. Craig.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town County
Died at Braddock Frederick MARYLAND
Date Month Day Years Months Days
of death 1910 3 22 22 8 10
Sex Female Color or Recd Black Birth-place Braddock
Occupation Servant Where Residing if not at place of death Washington D.C.
Married, Single Name of Wife or Husband
or Widowed Single
Father's Name William Craig Father's Birthplace Pa
Mother's Maiden Name Fannie Ashby Mother's Birthplace Va
Name of person giving Information Mrs. Craig How related to deceased Mother
11
How long 10 to 13 days
How long 2 days

CAUSES OF DEATH

Primary

Peritonitis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

Address

U.G. Bourne M.D.
Frederick. Md

Accident or Suicide

Interment Near 25^o 1910
" at Greenwich Cemetery

Thomas P. Rice F.A.

Dr Boucane.

Dr Goodell.

Dr. M. Gundy.

Name
in
Full

Infant (still birth) 7 m. Cradler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Frederick				
Date of death	Month	Day	Years	Month	Days
1900	Mar	5			
Sex	Age	Color or Race	Birth-place		
Male		White	Broad.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Frederick M. Dramer				
Father's Birthplace	W. Va.				
Mother's Maiden Name	Mabel Ambra Karn				
Mother's Birthplace	Va.				
Name of person giving Information	mabel A. Dramer				
How related to deceased	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Difficult Breech Presentation

How long

Immediate Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

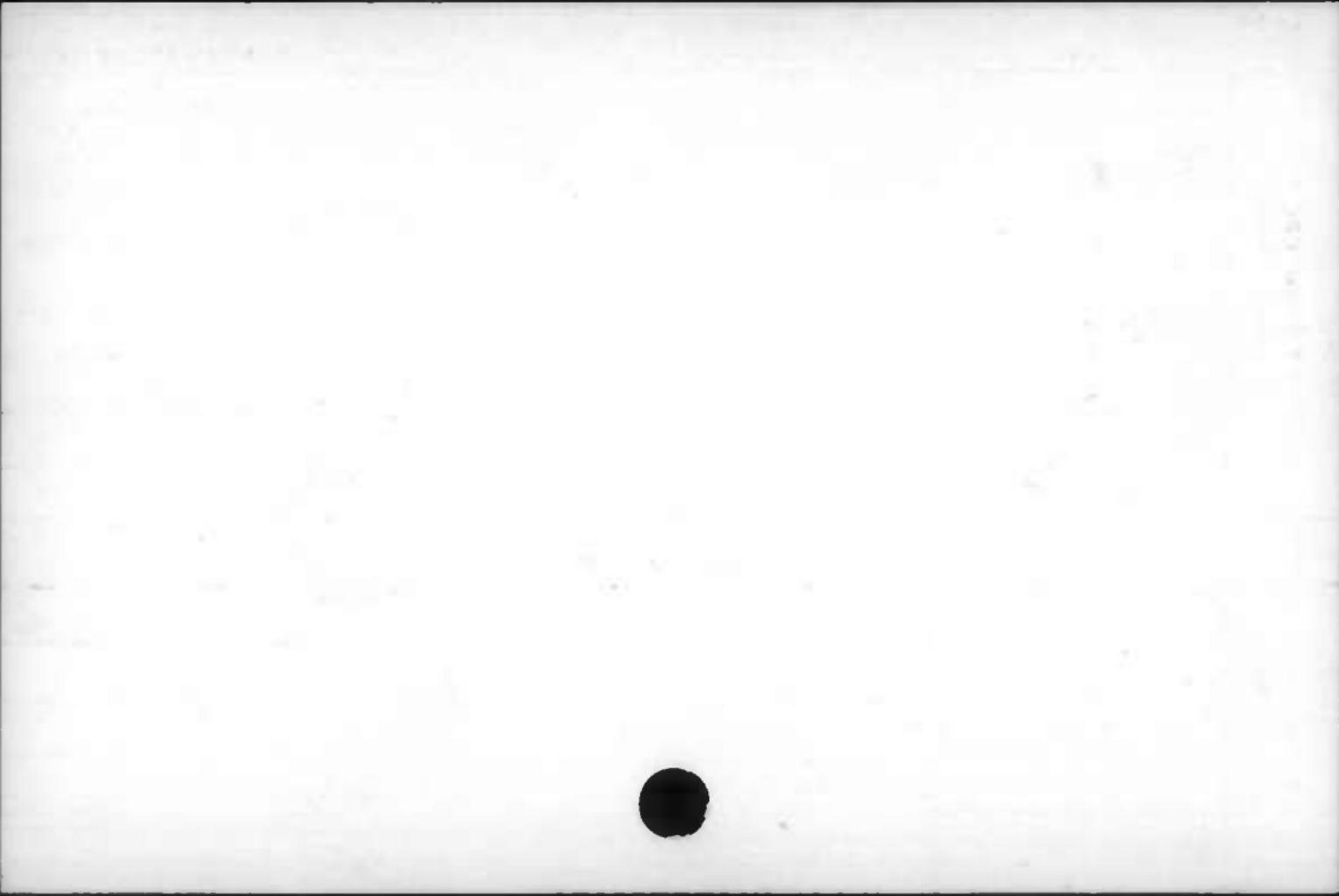
JRS

Signature of Physician

Address

Linn West
Baltimore
Frederick Co.

Accident or Suicide



Name
in
Full

Daniel Crenshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Mountaintdale	Frederick		
Date of death 1910	Month 3	Day 3	Years 1
Sex Male	Color or Race Black	Birth-place F. Co Md	Days 18
Occupation	Where Residing if not at place of death Same		
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace Penn.	
Father's Name Richard Crenshaw	Mother's Maiden Name Nettie Ricketts	Mother's Birthplace F. Co Md	
Name of person giving information Richard Crenshaw	How related to deceased Father	How long 1 week	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. A. Neighbors M.D.

Address

Lewisburg M.D.
for T. P. Rice,
by permission.



Accident or Suicide

~ ~ ~

Interment Mar 4 1910

" at Greenmount Cem.^{et}.

Thomas P. Rice F.D.

Dr E. A. Neighbors

Dr Goodell

Dr McCurdy.

Name
in
Full

Eli Crenshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Mountaintown

Date of death 1910 Month 3 Day 2

Sex Male

Occupation

Color or Race

Black

Age 1

Months 1 Days 17

Birth-place Ga. Co. Md

Same

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Richard Crenshaw

Father's Birthplace Penn.

Mother's Maiden Name Nettie Ricketts

Mother's Birthplace Ga. Co. Md

Name of person giving Information Richard Crenshaw

How related to deceased Father

CAUSES OF DEATH

Primary

Cold.

93

v

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. D. Neighbors M.D.

Address

Lewistown Md
for T. T. Rice
by permission

Accident or Suicide

Intemment Mar 4 1910
" at Greenmount Cem.,
Thomas P. Rice Fid.

Dr. E. D. Neighbors

Dr Goodell

Dr McCusky

Name
in
Full

Dorothy Elizabeth Currens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Month	Day		
1960	3	1	Age	5	23		
Sex	female	Color or Race	white	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Edward P. Currens					Father's Birthplace	Md
Mother's Maiden Name	Daisy R. Cereager					Mother's Birthplace	"
Name of person giving Information	E.R. Currens					How related to deceased	Father

CAUSES OF DEATH

103

How long

3 mos



How long

1 day

PHYSICIAN
OR CORONER

Primary

Marasmus.

Immediate

Acute Sarcinosis

Are the name, age, sex, color, date and place correctly given above?

yes

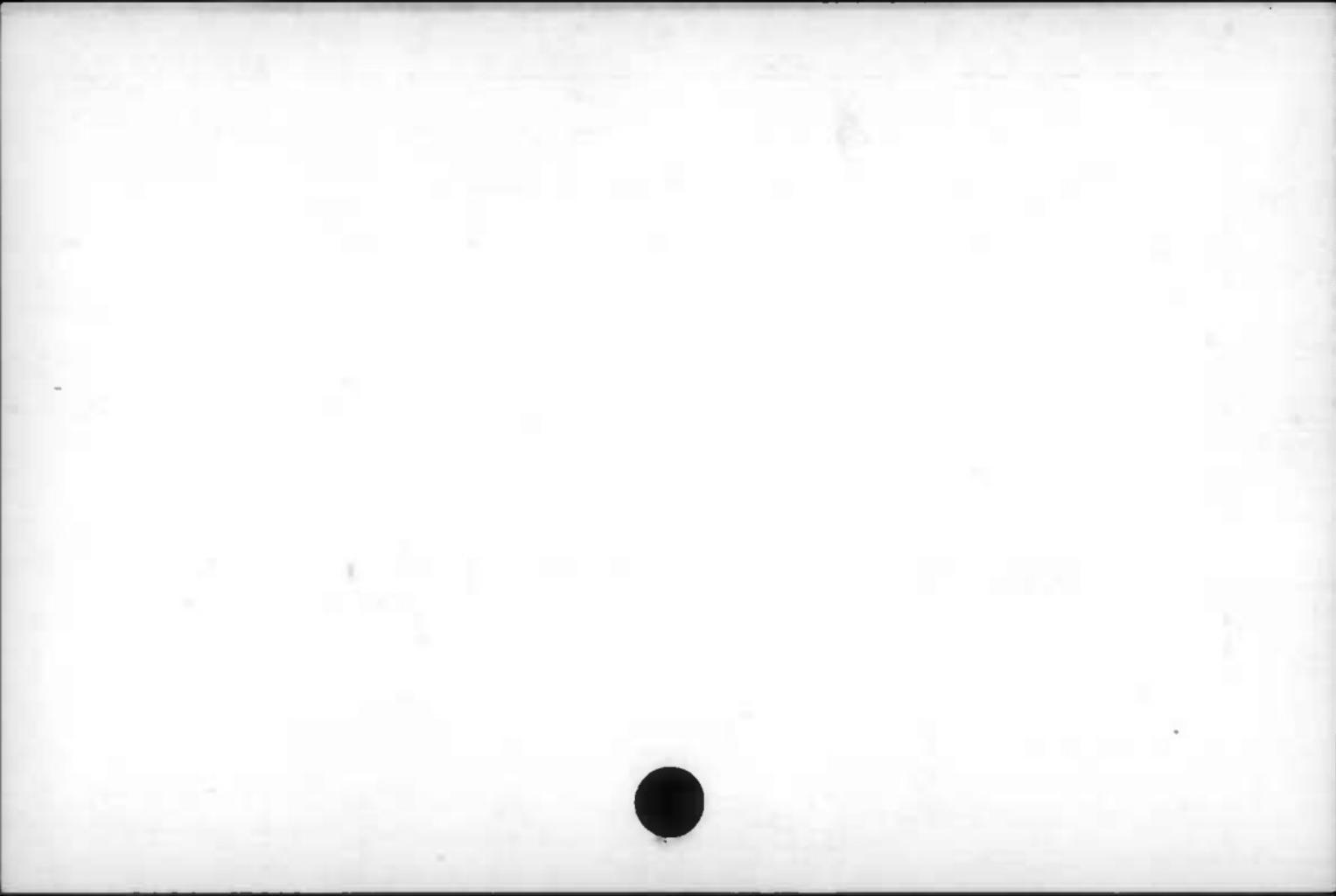
Signature of Physician

Wanda Burley

Address

Glenmont -
Md

Accident or Suicide



Name
in
Full

Wm B. Davis

59 male

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND		
Diad at	Month	Day	Year	Month	Days	
Date of death 1980	Mch.	20	Age 65	11	21	
Sex Male	Color or Race white	Birth-place Green Co., Md.				
Occupation River boat seigner	Where Residing if not at place of death					
Married, Single or Widowed married	Name of Wife or Husband Frances Staley					
Father's Name Nathan Davis	Father's Birthplace Franklin Co., Md.					
Mother's Maiden Name Elizabeth Brashaw	Mother's Birthplace W. Va. Co., Md.					
Name of person giving information John Davis	How related to deceased Son					

CAUSES OF DEATH

Primary Dashed chest cavity rupture liver + lung
Injury - Run over by fire truck
How long

Immediate Sudden death

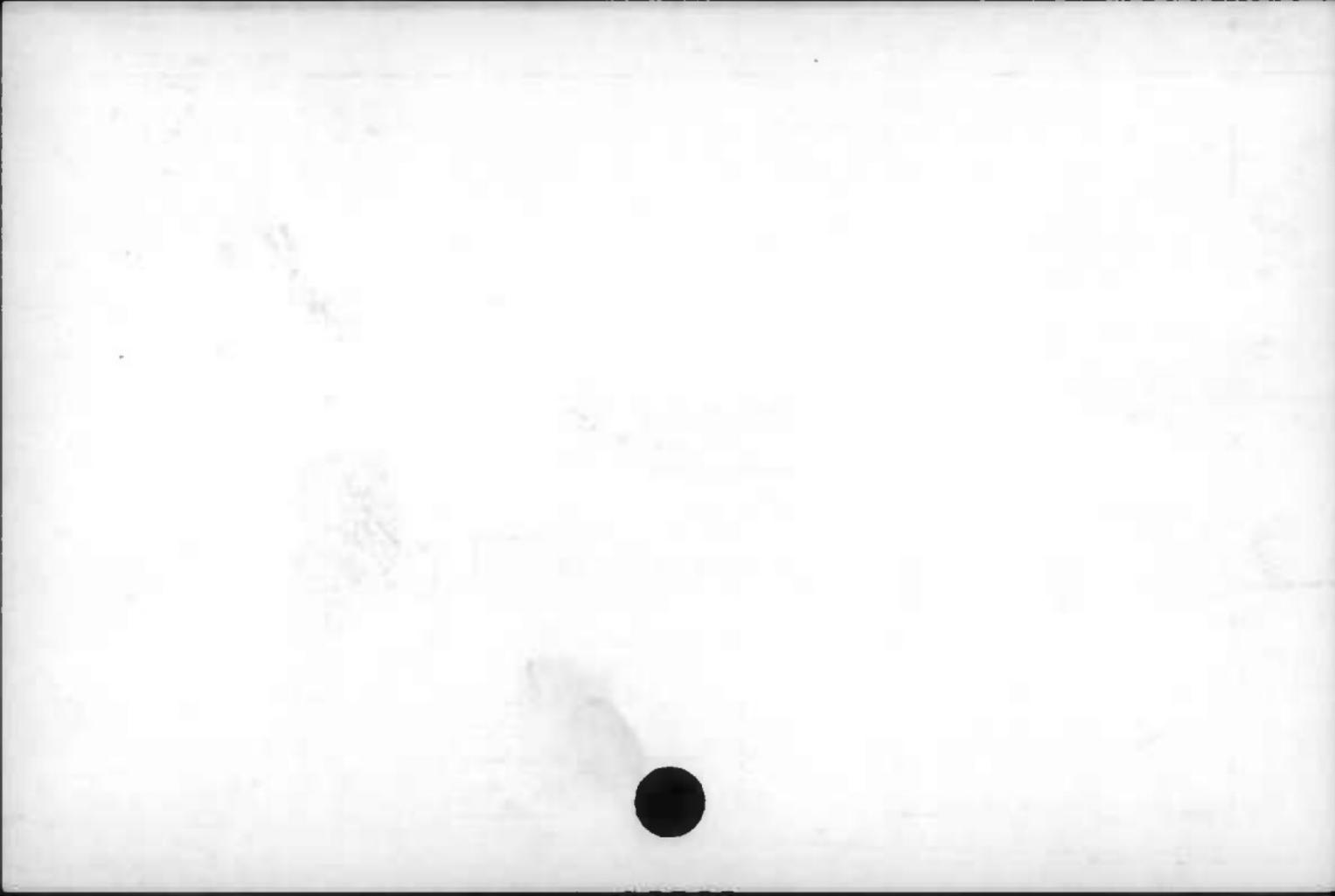
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Nicodux, M.D.
Frederick,
Md.

Accident



Name
in
Full

Bellie Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Ponington Rocks	Frederick				
Date of death 1900	Month March	Day 26	Years	Month 10	Days 16
Sex Female	Color or Race	White	Birth-place	Ponington Rocks	
Occupation	Where Residing if not at place of death				
Merried, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles H. Dean				
Mother's Maiden Name	Mary V. McKnight				
Name of person giving Information	Charles H. Dean				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

Immediata

Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. W. Trapnell

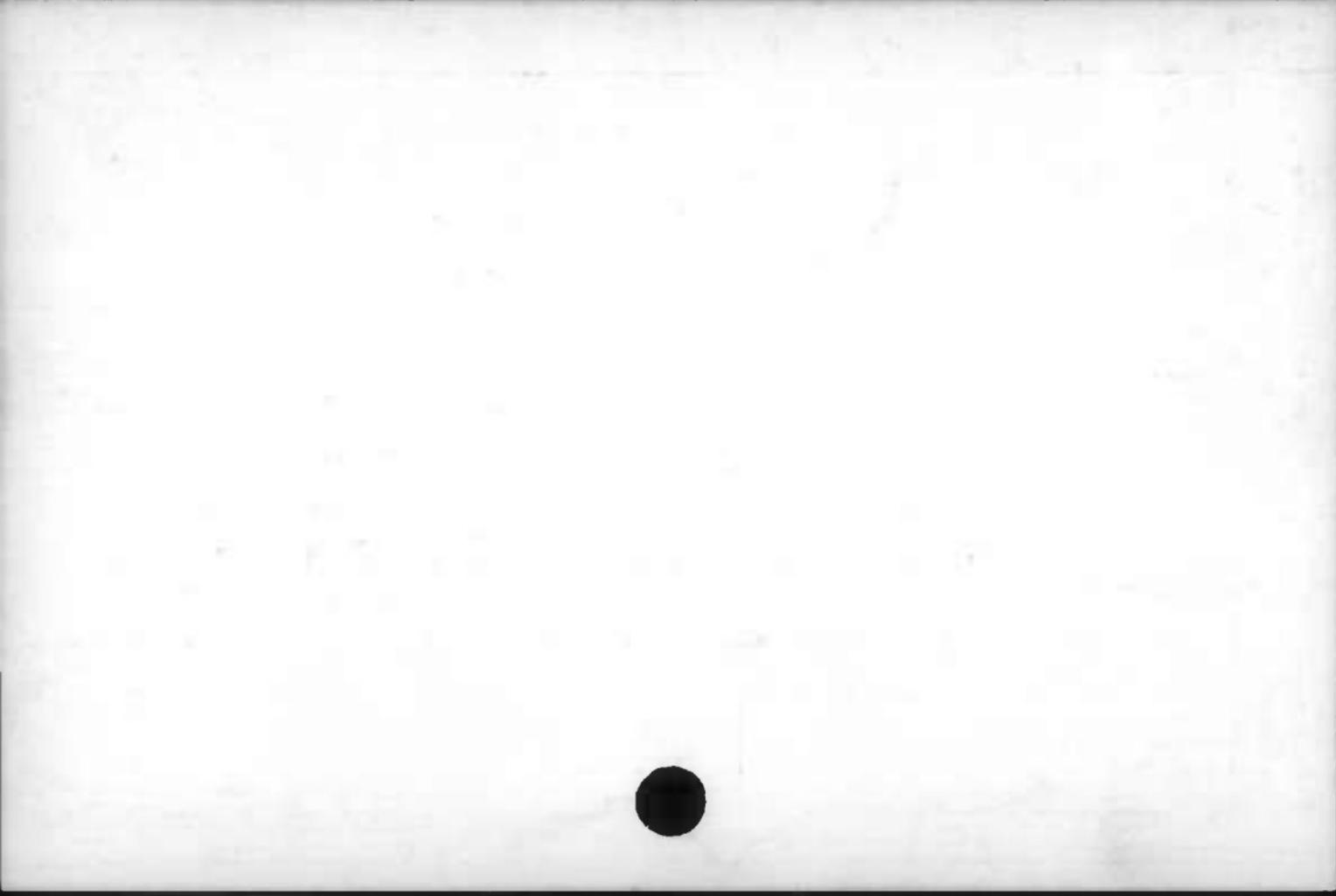
Address

Ponington Rocks

md.

H

Accident or Suicide



Name
in
Full

Margaux E. Dougherty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at New Frederick

County

Date of death 1960 Month 3 Day 21

Years "

Age 7

Months 4

Days 18

Sex Female Color or Race wh

Birthplace Pa

Occupation Housewife

Where Residing if not
at place of death +

Married, Single
or Widowed X

Name of Wife or
Husband X

Father's Name

Charles H. Dougherty

Father's Birthplace Pa

Mother's Maiden Name

Mary Maud Salt

Mother's Birthplace Pa

Name of person giving
Information

Charles H. Dougherty

How related
to deceased daughter

Primary

Pertussis, + Diphtheria

(9)

How long

3 weeks

Immediate

Hemoptysis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. C. F. Goodloe
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide

No

(over)

~~Wx Olives~~

3/22 10

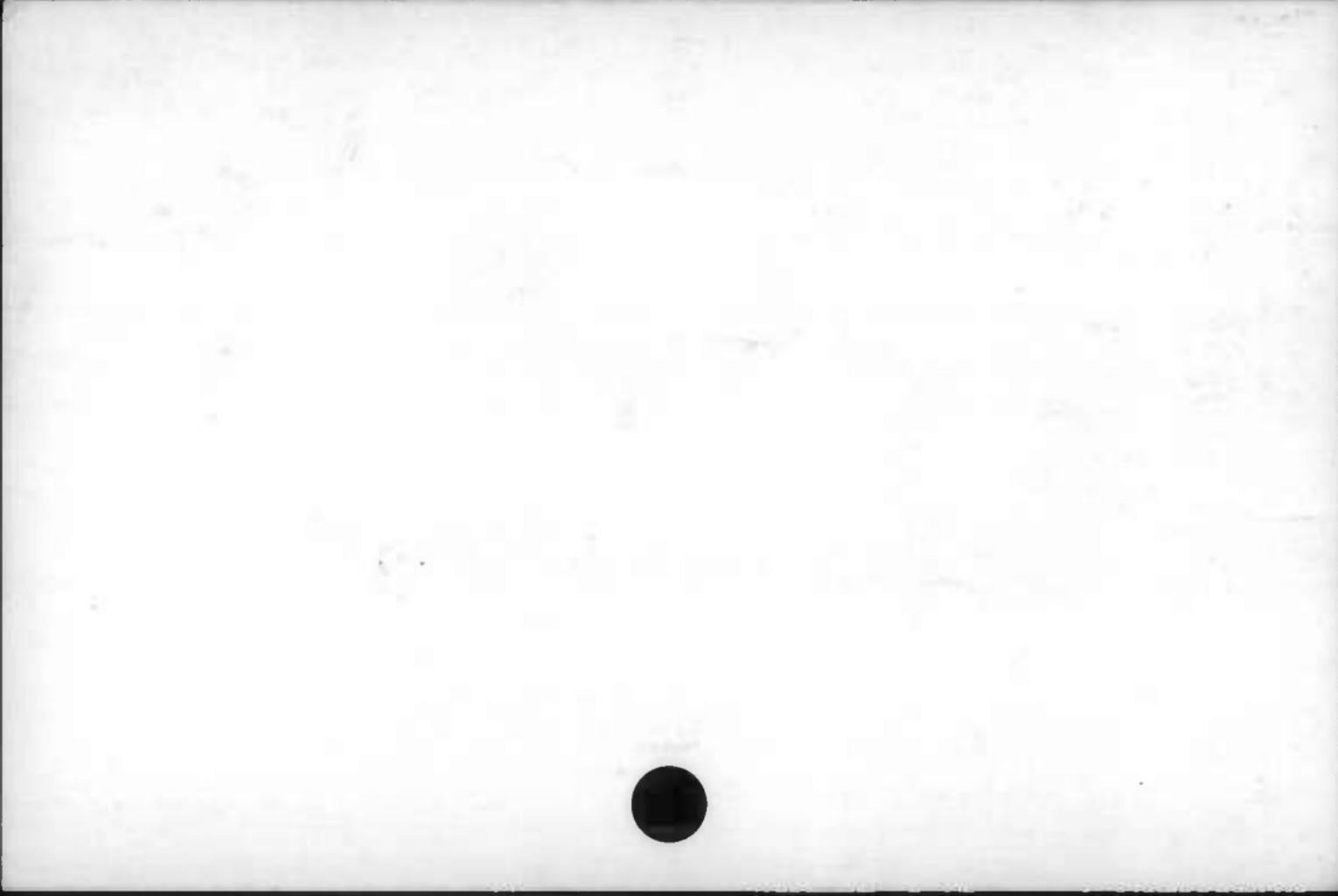
lele

Name No.
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name No. in Full		Infant - Still Born Filipina				CERTIFICATE OF DEATH		
Died at	Town	Month	Day	County	MARYLAND			
Date of death 1910	March	4	Age	Years	Months	Days		
Sex Male	Color or Race Colored	Birth-place Rock, Md						
Occupation X	Where Residing if not at place of death Somers							
Married, Single or Widowed X	Name of Wife or Husband George Flippins							
Father's Name	George Flippins	Father's Birthplace Va						
Mother's Maiden Name	Ozie Jones	Mother's Birthplace Md						
Name of person giving Information	Ozie Jones	How related to deceased Mother						
CAUSES OF DEATH				10	8 ✓			
Primary	Prolonged Labor		How long	Several days				
Immediate	Exhaustion		How long	" "				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. G. Bouone M.D.					
— yes —		Address	Frederick, Md					
Accident or Suicide								



Name
in
Full

Frances E. Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

New
Died at Yellow Springs Frederick County MARYLAND

Date of death 1940	Month 3	Day 26	Years Age 41	Months 2	Days 28
Sex Female	Color or Race White	Birth-place Frederick Md			
Occupation Housewife	Where Residing if not at place of death Same				
Married, Single or Widowed Married	Name of Wife or Husband Charles E. Fox	Father's Birthplace F. Co Md			
Father's Name George Whipp.	Mother's Birthplace " " "				
Mother's Maiden Name Fannie Harris	How related to deceased Husband				
Name of person giving Information Elias E. Fox	137				

Primary Death of foetus in utero
Immediate Septuagenarian

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician
Address

Accident or Suicide No

PHYSICIAN
OR CORONER

Office Supply Co. 2364

Dr. H. Hedden
Frederick

Interment May 27 - 1910
" at Yellow Springs Cemetery.

Thomas P. Rice F.A.S.

Do. Hedges
Do. Goodell

Name
in
Full

Eugenia E. Goff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredericks

Town

County

MARYLAND

Date
of death 1960

Month

Day

Years

Age 61

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Rhode Island

Occupation

House Keeper

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

George Goff.

Father's
Birthplace

Rhode Island

Mother's
Maiden Name

Martha

Mother's
Birthplace

Name of person giving
Information

Mrs. Geo. Louis

How related
to deceased

Step Sister

CAUSES OF DEATH

Primary

Arterio Sclerotic

80

v

How long

several year

Immediate

Anginal Pectoris

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. B. Johnson.
Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mar 5 1910
" at Mt Olivet Cemetery

Thomas P. Rice F.D.

Dr. T. B. Johnson
Dr McCurdy,

Name
in
Full

William T. Grayson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

Town

County

MARYLAND

Date

of death 1910

Month

3

Day

20

Years

0

Months

5

Days

16

Sex

Male

Color or
Race

Black

Birth-
place

Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Grayson

Father's
Birthplace

Frederick

Mother's
Meiden Name

Edith Roberte

Mother's
Birthplace

Frederick

Name of person giving
Information

Mrs. Grayson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Paroxysms

189

v

Four weeks

Immediate

Cardiac asthma

How long

14 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

B. C. Thomas MD

Frederick, Md

Accident or Suicide

~ ~

Saw the child once that was in
my office

Interment Mar 22. 1910
" at Greenmount Cemetery

Thomas P. Rice F.A.

Dr. Thomas,

Dr. McCurdy

Name
in
Full

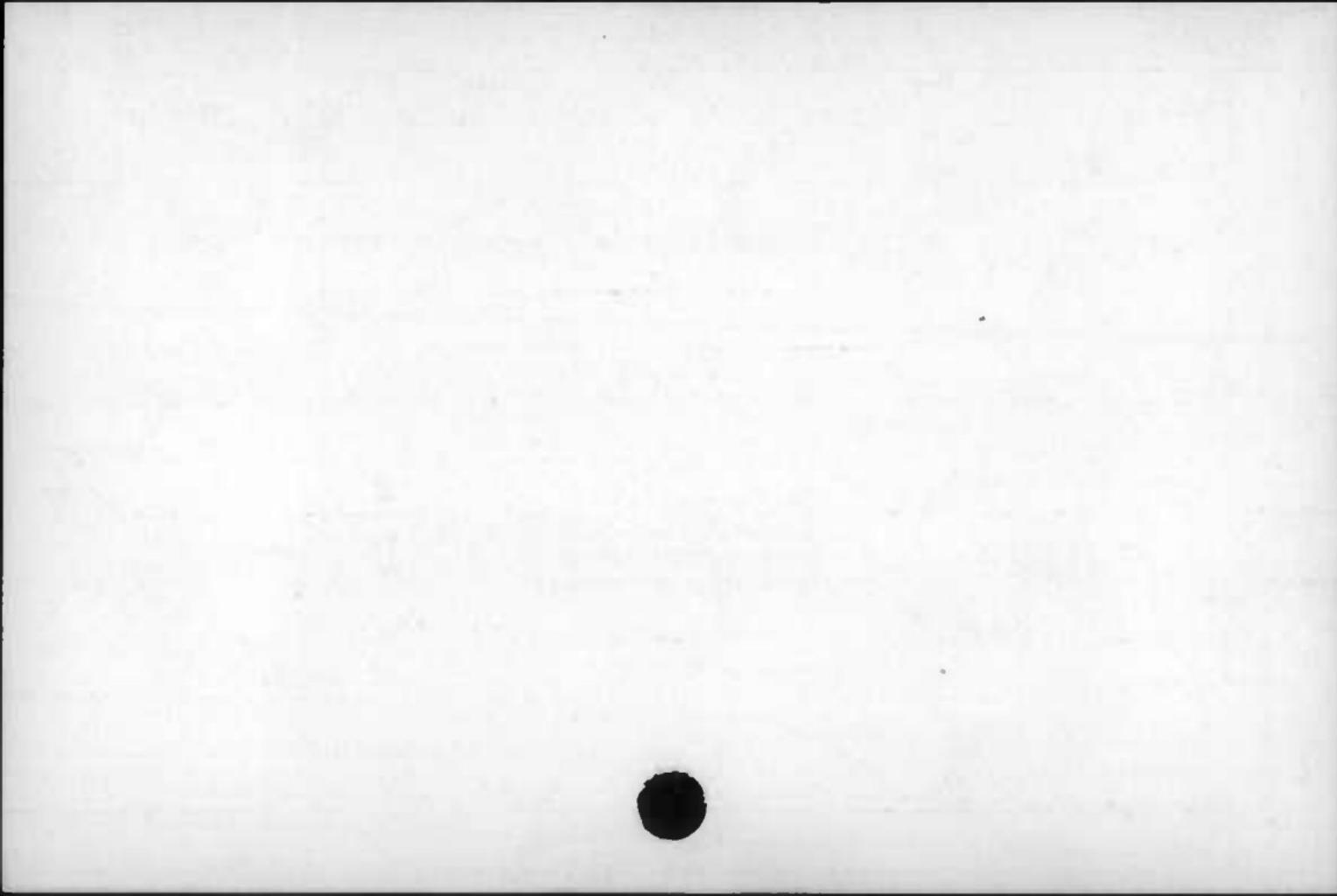
Adolph Nalen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Caroline Jacobsen			
Father's Name	Retired				
Mother's Maiden Name	Known				
Name of person giving information	Miss Louise Nalen				
Died in rising from front seat of a side chair while					
Primary CAUSES OF DEATH					
Intercapsular fracture femur 2 weeks					
Immediate	Cardiac Asthma				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		J. Nendix, M.D.		Frederick, Md.	
Accident or Suicide?					



Name
in
Full

Francis J. Hahns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Peace	Frederick		
Date of death	Month	Day	Year
1960	3	8	Age 97
Sex	Color or Race	Birthplace	Days
Male	White	3 Md	-
Occupation	Where Residing if not at place of death	X	
Glosterer	Catherine Elesyde		
Married, Sing. or Widowed	Name of Wife or Husband	Father's Birthplace	Spouse
Widowed	Kelam		
Father's Name	Domie John	Mother's Birthplace	Germany
Mother's Maiden Name	Ely Heizdo		
Name of person giving Information	Delia Eyles	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility. Delirious
Exhalation

Immediate

Are the name, age, sex, color, date and place correctly given above?

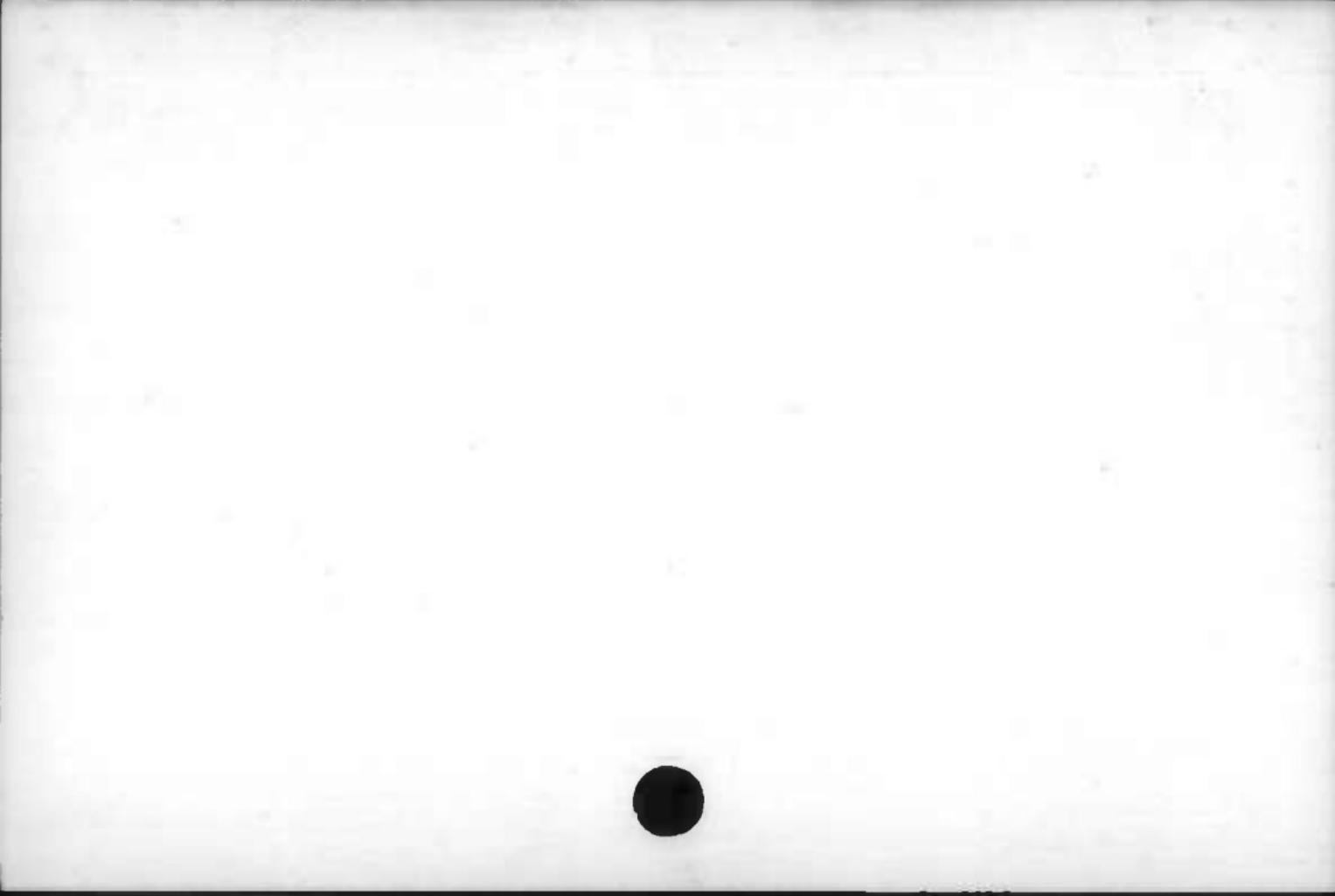
Y

Signature of Physician

Address

W.A. Son of
Frederick Md.

Accident or Suicide



Name
in
Full

Fosiah Kays

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Woodville	Frederick				
Date of death	1950	Month March	Day 20 th	Years 74	Months 6	Days 2
Sax	Male	Color or Race	Negro		Birthplace	Glenwood
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Fathar's Name			
Father's Name	Moses Kays		Fathar's Birthplace			
Mother's Maiden Name	Bashel Kays		Mother's Birthplace			
Name of person giving information	Charles Smith		How related to deceased			

CAUSES OF DEATH

Primary

General Breakdown

154

Hour Long

Six months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

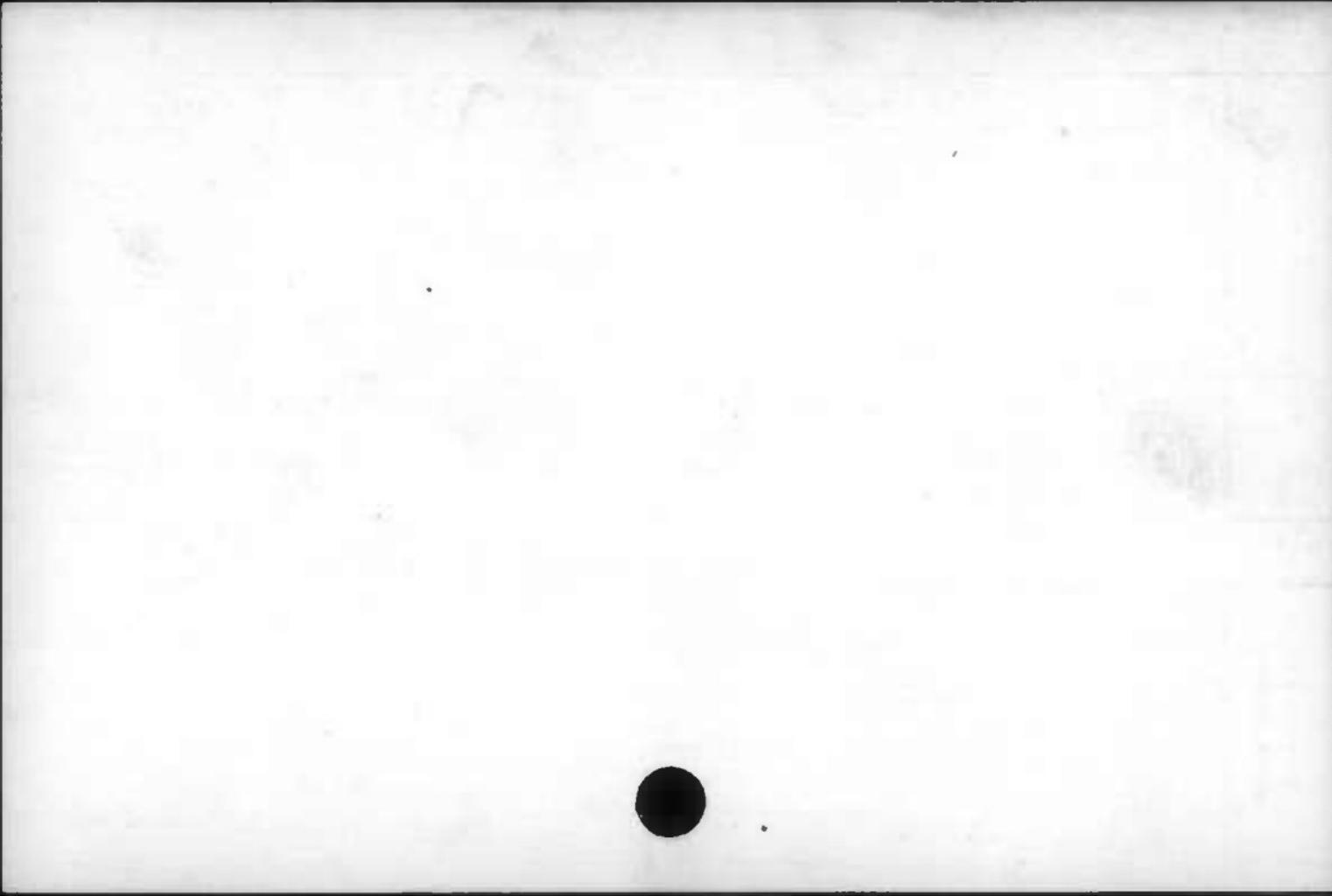
Address

W. Whittlesey Jr.

Woodville

Ind

Accident or Suicide



Name
in
Full

Carl R. Hack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	24	10 20
Occupation	Where Residing if not et place of death			3rd.	
Married, Single or Widowed	Name of Wife or Husband		P.O.		
Father's Name	Elevon Hack			Father's Birthplace	Via
Mother's Maiden Name	Tracy Jaffree			Mother's Birthplace	do
Name of person giving Information	Tracy Hack			How related to deceased	Daughter

CAUSES OF DEATH

181

How long

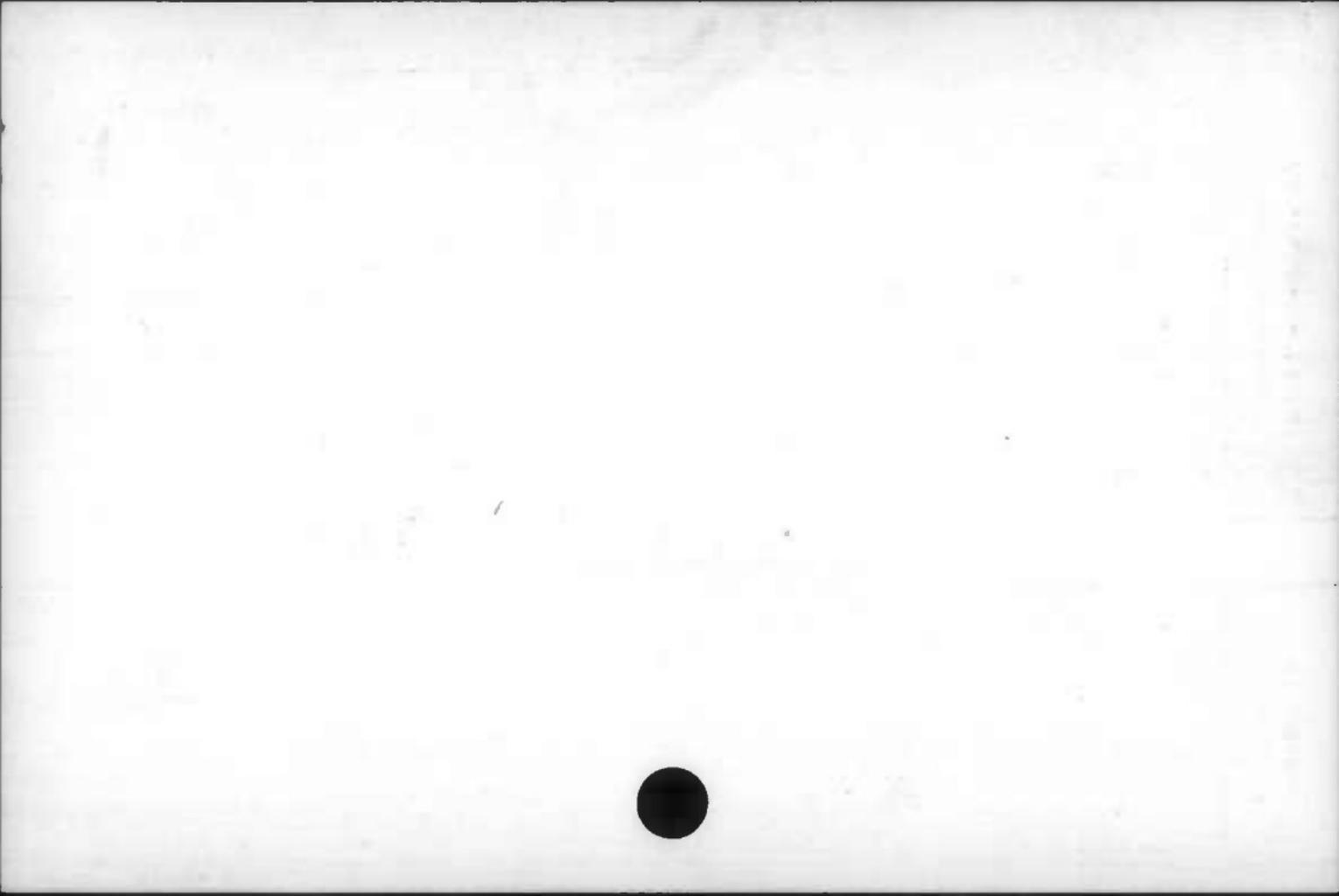
Primary: In contact with live wire Instant
Immediates: electricities How long
Are the name, age, sex, color, date
and place correctly given above? Yes Signature of
Physician

Address

Living first
Brewerstown
Frederick Co

PHYSICIAN
OR CORONER

Accident Suicide



Name
in
Full

Mary Jane Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1960	Month 3 rd	Day 30 th	Years 82	Months -	Days 8
Sex	Female	Color or Race	White	Birth-place	Frederick Co.	
Occupation	Housewife		Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	George A. Hood		Father's Birthplace	U. S.
Father's Name	Jacob Barr				Mother's Birthplace	U. S.
Mother's Maiden Name	Marilla Lijah				How related to deceased	Daughter
Name of person giving Information	Mrs. Sallie Crawford				How long	9 ¹ / ₂ V
CAUSES OF DEATH						
Primary	Chronic Bronchitis - Dilated Heart + Emphysema				25 years	
Immediate	Bronchopneumonia & failing heart.				10 Days	

Are the name, age, sex, color, date and place correctly given above?

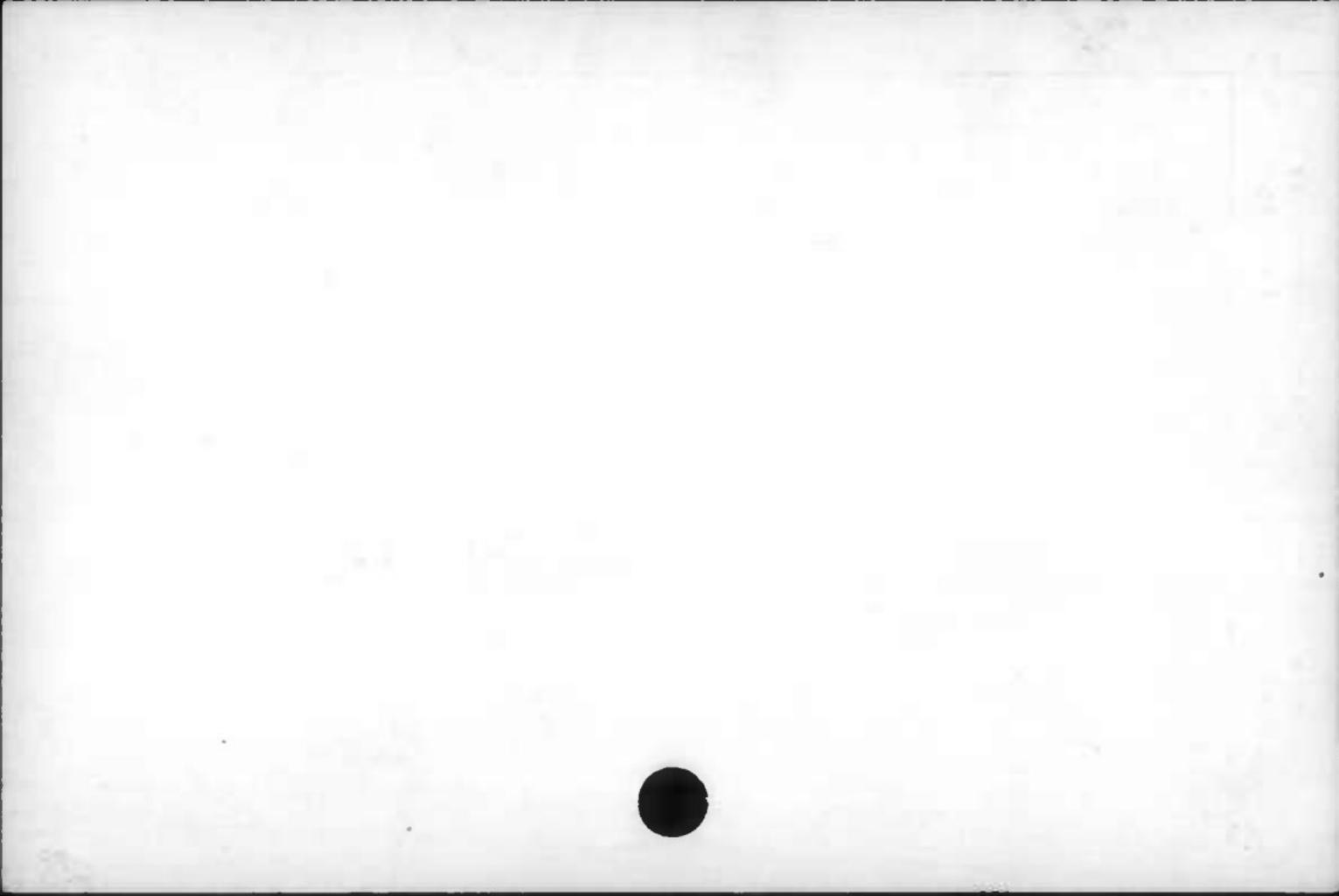
yes

Signature of Physician

Address

George W. Riggs M.D.
Frederick Co.

Accident or Suicide



Name
in
Full

Elmer Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Montezuma Hospital Frederick

County

MARYLAND

Date of death 1900 Month 3 Day 30 Years 20 Age 20 Month — Day —

Sex Male

Color or
Race

Black

Birth-
place Prince George Co Md

Occupation

Labover

Where Residing if not
at place of death

Frederick Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Oscar Jackson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ellen Stanley

Mother's
Birthplace

"

Name of person giving
Information

Mrs. Ellen Jackson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Intrathoracic obstruction

108

V

How long

(1)

Immediate

Apron exhaustion

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. P. Farney MD
Frederick Md

Accident or Suicide

PHYSICIAN
OR CORONER



Interment Apr 1 1910.

- " at Greenmount Cem.
Thomas P. Rice F.D.

Dr H. P. Fahoney

Dr Goodell

Dr McCurdy,

Name
in
Full

Elinor Poane Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Blue Ridge	Frederick			MARYLAND	
Date of death 1910	Month March	Day 14	Years 20	Months 8	Days 28
Sex Female	Color or Race	white			Birth-place Baltimore
Occupation House wife	Where residing if not et place of death			Baltimore	
Married, Single or Widowed Married	Name of wife or Husband	David W Jenkins			Father's Birthplace Baltimore
Father's Name Edw. J. Poane Jr.				Mother's Birthplace Carroll Co., Md.	
Mother's Maiden Name Clara Miller				How related to deceased husband	
Name of person giving Information David W Jenkins					

CAUSES OF DEATH

27

✓

How long

1 year

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Barberville

Blue Ridge Summit

Pa.

Accident or Suicide

Henry H. Jenkins and Sons Co.
undertakers. Baltimore

Place of Burial Baltimore Md.

Name
in
Full

Charles A. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Met. Pleasant Fredericks MARYLAND
Date Month Day Years Months Days
of death 1900 9 12 Age 73 — —
Sex Male Color or Birth-place Pa.
Occupation Laborer Race Black
Where Residing if not at place of death Same
Married, Single Name of Wife or Husband
or Widowed Widowed Annie Ayres
Father's Name Unknown Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving Information William Johnson Son
Information

CAUSES OF DEATH

Primary

General Debility

154

V

Months

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Met Pleasant
for Dr. J. P. Rose
by permission

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mar 14 - 10

" at Silver Hill Fredk Co Cemetery

Thomas P. Rice F.D.

Dr. A. E. Stone

as Goodell.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Selia L. Johnson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1900	Month 3	Day 22	Age 0	Years	Months 11	Days 18
Sex	Female	Color or Race	Colored	Birth- place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Infant	Name of Wife or Husband			Father's Name	Father's Birthplace	
Mother's Maiden Name	Weyissa Johnson				Mother's Name	Mother's Birthplace	
Name of person giving Information	S. A. Johnson				Name of person giving Information	How related to deceased	

CAUSES OF DEATH

Primary

Pneumonia

How long

(4) v
work

Immediate

Exhaustion

How long

immediate

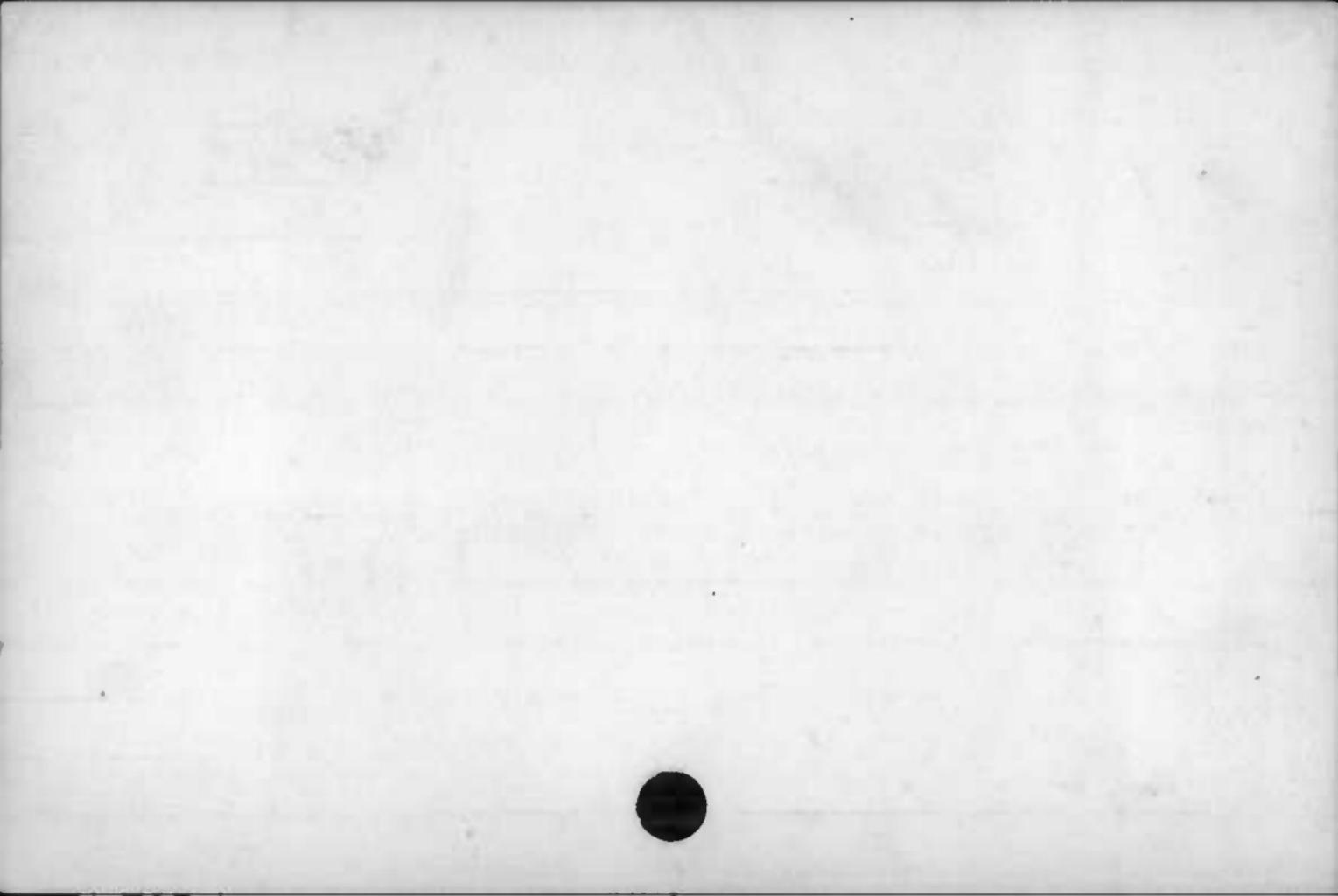
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Georgina W. S.
Burkittsville Md

Accident or Suicide?



Name
in
Full

Jasnah J. Kemp

Town

Died at
Near Frederick

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Days

Date Month Day Year Age Months Days
of death 1960 3 6 " 82 — —

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Rebae d

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emily Deubis

Father's
Name

unk

Father's
Birthplace

unk

Mother's
Maiden Name

unk.

Mother's
Birthplace

unk

Name of person giving
Information

Sept 27 Mountain Hosp

How related
to deceased

Primary

General debility

154

v

How long

do

Immediate

Cathexis

demal gas

do

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

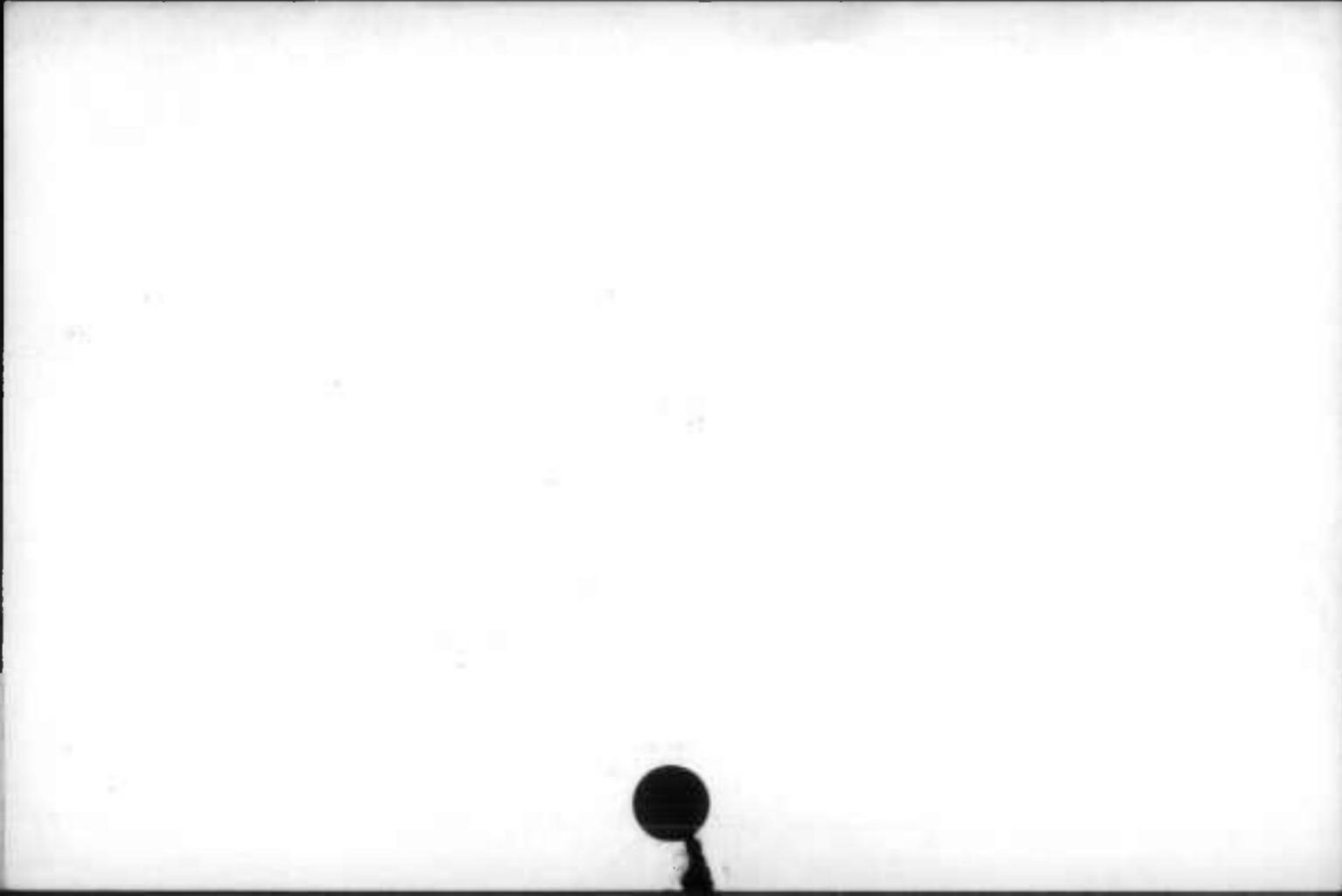
Henry P. Falvey, M.D.
Frederick, Md

PHYSICIAN
OR CORONER



Accident or Suicide

7



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death 19	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Russia		
Father's Name	Morris Ressler		Mother's Birthplace	Russia		
Mother's Maiden Name	Ida Min Stein		How related to deceased	Father		
Name of person giving information	Morris Ressler					

CAUSES OF DEATH

91

V

60 days

48 hours

PHYSICIAN
OR CORONER

Primary Bronchitis;
Immediate Pneumonia

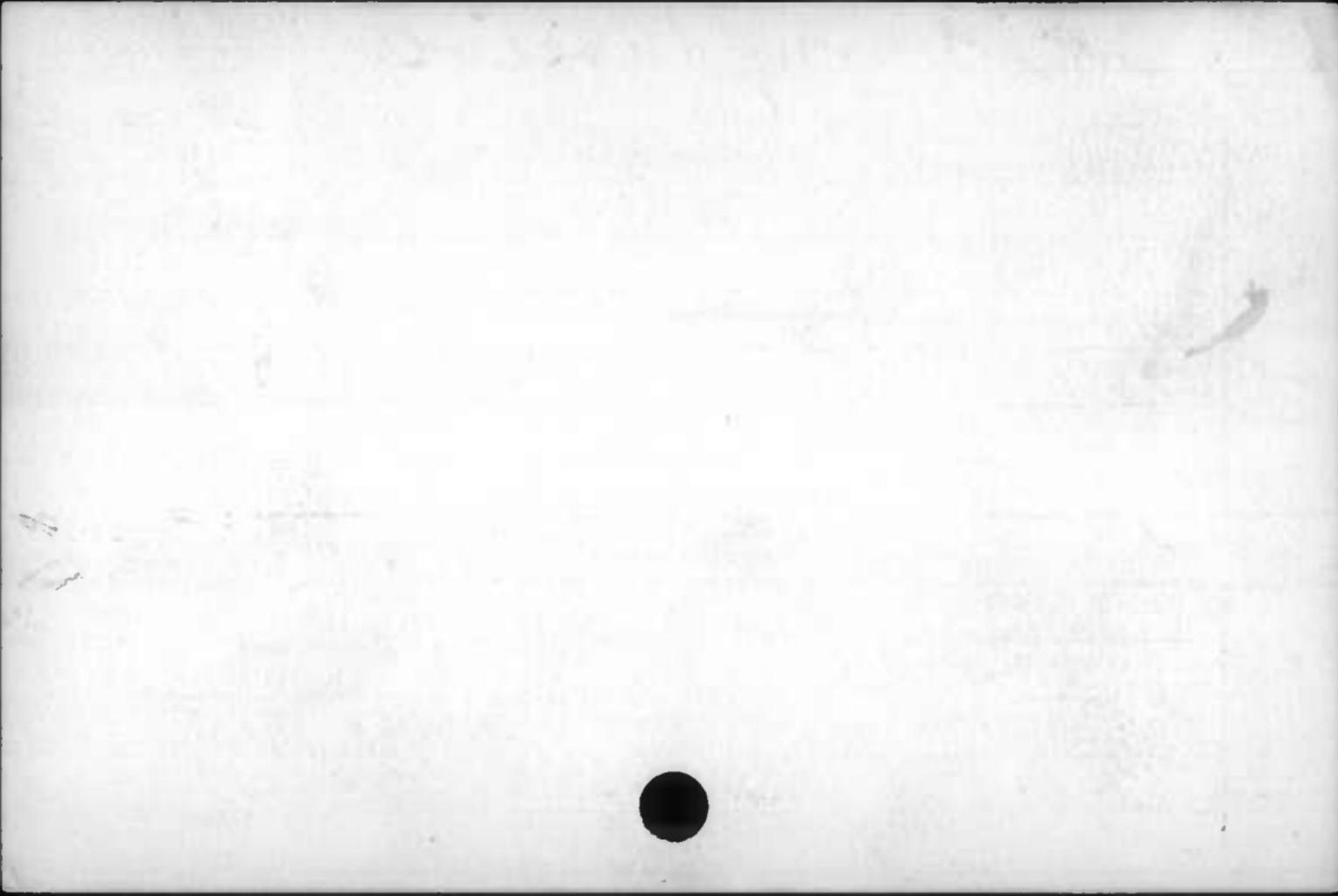
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F.A. Neder
Frederick

Accident or Suicide?



Name
in
Full

Thomas W Koogler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dundalkton</u>		County <u>Fredrick</u>		MARYLAND		
Date of death <u>1910</u>	Month <u>March</u>	Day <u>11</u>	Years <u>72</u>	Months <u>5</u>	Days <u>25</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Fredrick Ctd</u>		
Occupation <u>WagonBroker</u>		Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>Adam Koogler</u>			Father's Birthplace <u>Fredrick Ctd</u>			
Mother's Maiden Name <u>Catharine Muller</u>			Mother's Birthplace <u>Fredrick Ctd</u>			
Name of person giving Information <u>Mr E L Rhadwick Sr</u>			How related to deceased <u>Sister</u>			
CAUSES OF DEATH				<u>65</u> ✓		

PHYSICIAN
OR CORONER



Primary

Softening of Brain

How long

about 2 yrs

Immediate

Expansion

How long

2 wks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

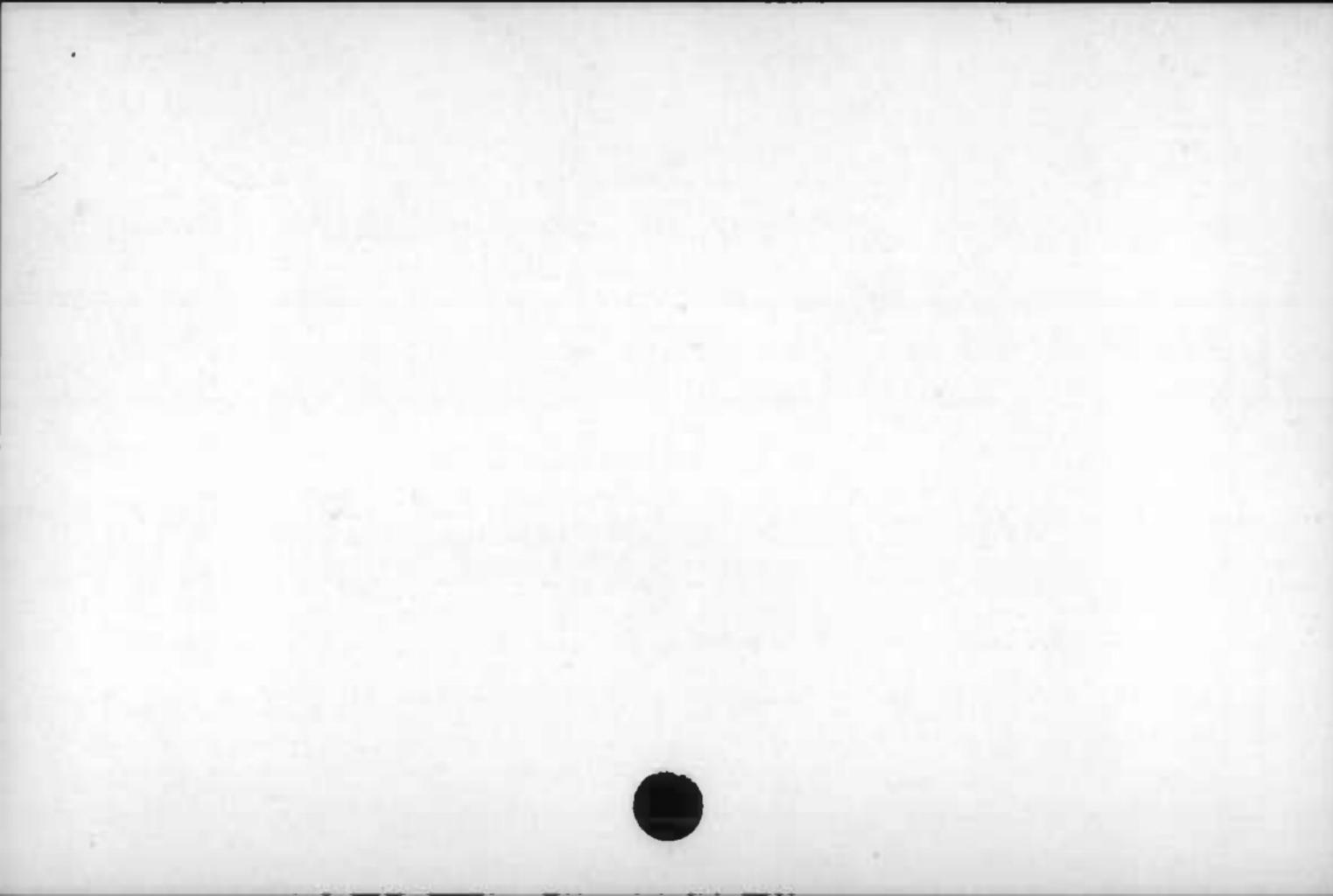
E L Buckley

Address

Dundalkton

Ind

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Lampke

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	19010	Month	Day	Years	Monthe	Days
Sex	Male	Color or Race	Age 68		Germany	
Occupation	Painter -		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Margaret Ross		Father's Birthplace	Germany
Father's Name	Julius Lampke				Mother's Birthplace	"
Mother's Maiden Name	Christina Plum				How related to deceased	Son.
Name of person giving Information	Henry Lampke		(113)			

CAUSES OF DEATH

Primary

Cirrhosis of Liver

How long

2 yrs

Immediate

Anemia

How long

2 mos

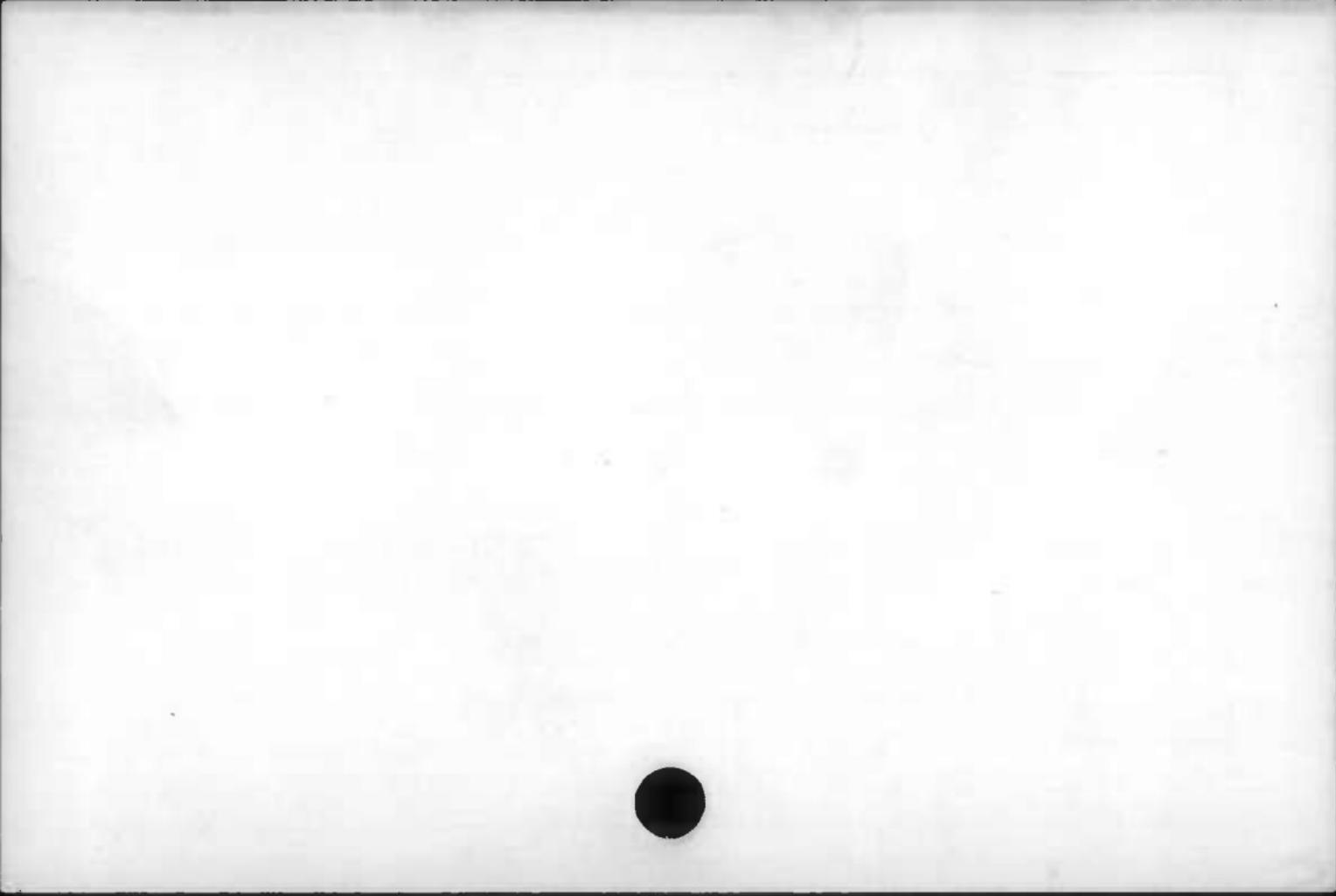
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Maynard,
17 Second St. W.
Frederick Md.

Accident or Suicide



Name
in
Full

Osie Linthicum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town County
Near Fountain Mills Frederick

Month Days
- -

Date of death Month Day Years Age
1960 Mar 22 34

Sex Female Color or Race White

Birth-place Mel

Occupation

Houswife

Where Residing if not
at place of death

Married, Single
or Widowed

Married Name of Wife or Husband Charles Linthicum

Charles Linthicum

Father's Name

Mial Burgee

Father's Birthplace Mel

Mother's Maiden Name

Elizabeth Layson

Mother's Birthplace Mel

Name of person giving Information

Charles Linthicum

Husband

CAUSES OF DEATH

Primary

Acute Bright's Disease

119

How long

3 weeks

Immediate

Pulmonary Edema

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. A. Hopkins M.D.

Address

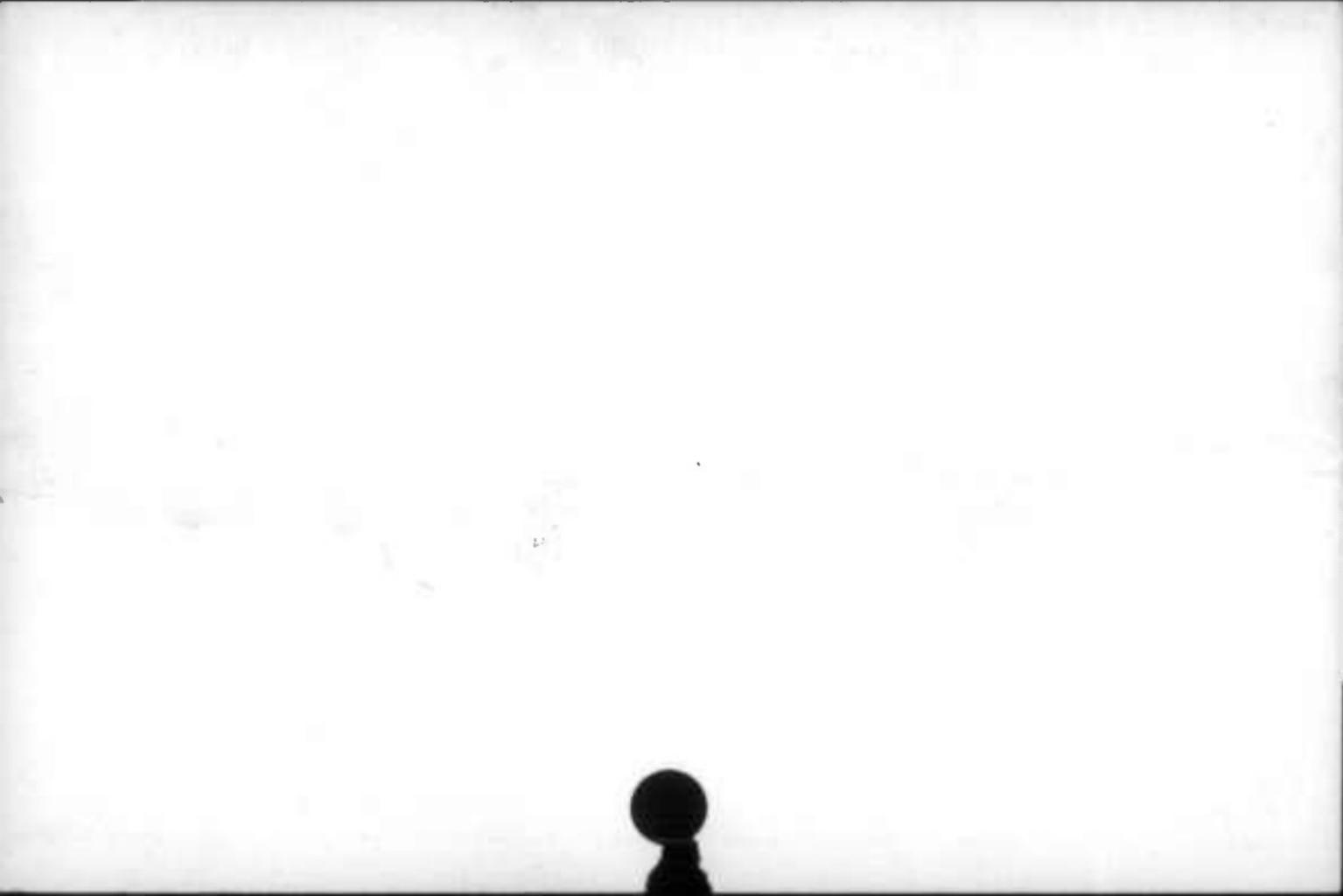
New Market

Frederick Co., Md

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

Harry Leslie McLain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Sabillasville	Frederick		
Date of death 1900	Month Mar.	Day 24	Years 1
Sex Male	Color or Race White	Birth-place Sabillasville	Months 11 Days 24
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name John R. McLain	Father's Birthplace Sabillasville ^{Md.}		
Mother's Maiden Name Annie Belle Moser	Mother's Birthplace " ^{Md.}		
Name of person giving information Grandfather	How related to deceased Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho-pneumonia

Immediate

Meningitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

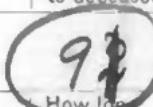
Address

E. L. Wachter,

Sabillasville,

Maryland

Accident or Suicide

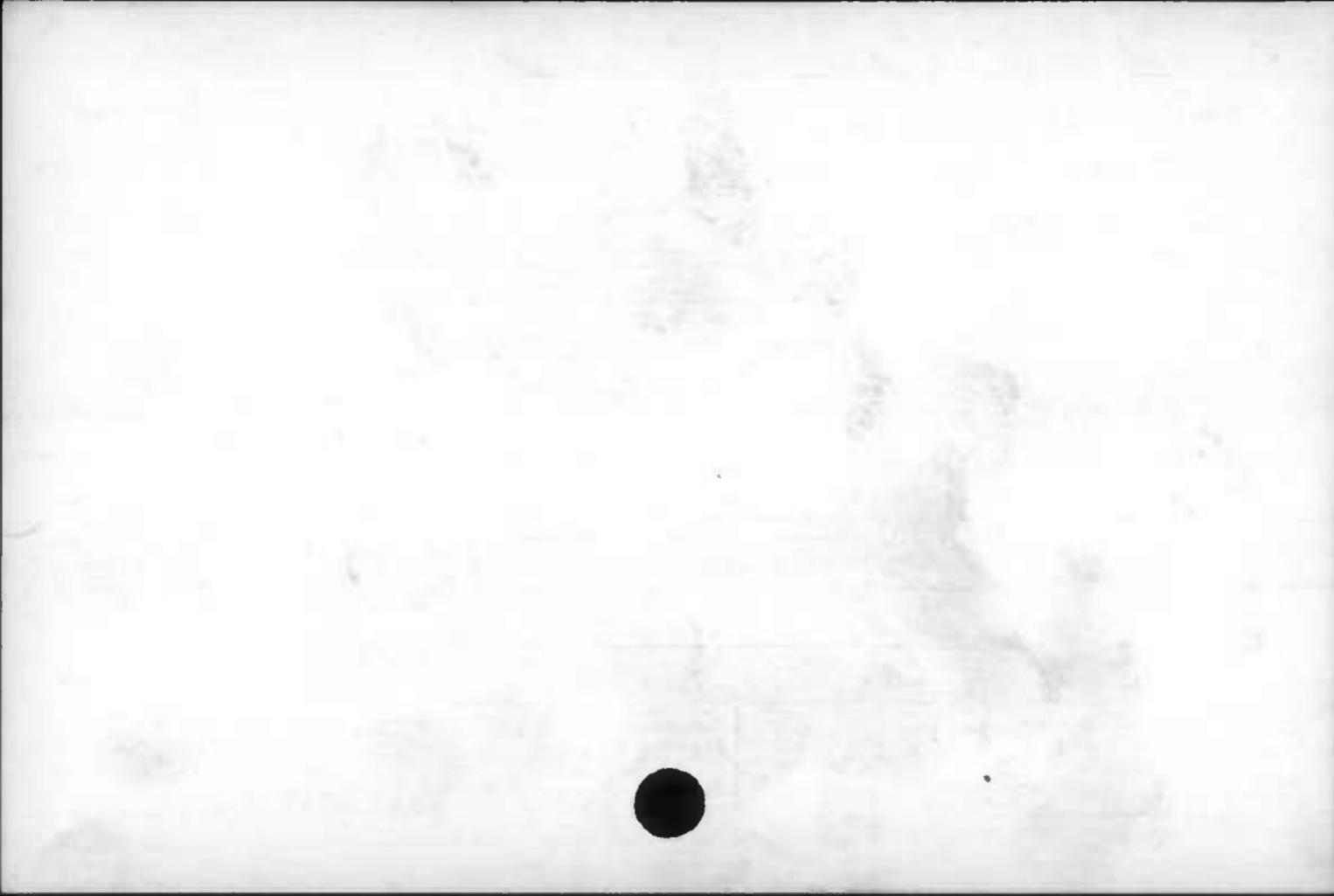


How long

21

How long

7



Name
in
Full

Robert Lloyd Market

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Linn Library	Tred			
Date of death	1960	Month	Day	Years	Months Days
Sex	Male	Color or Race	Negro	Birth-place	Md
Occupation		Where Residing if not at place of death Same			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Frank Market	Father's Birthplace	Md		
Mother's Maiden Name	Bessie Brown Deceased	Mother's Birthplace	Md		
Name of person giving Information	Frank Market	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowning - fell into a instant -
30 ft. well - about 6 ft water - body recovered in 1/2
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

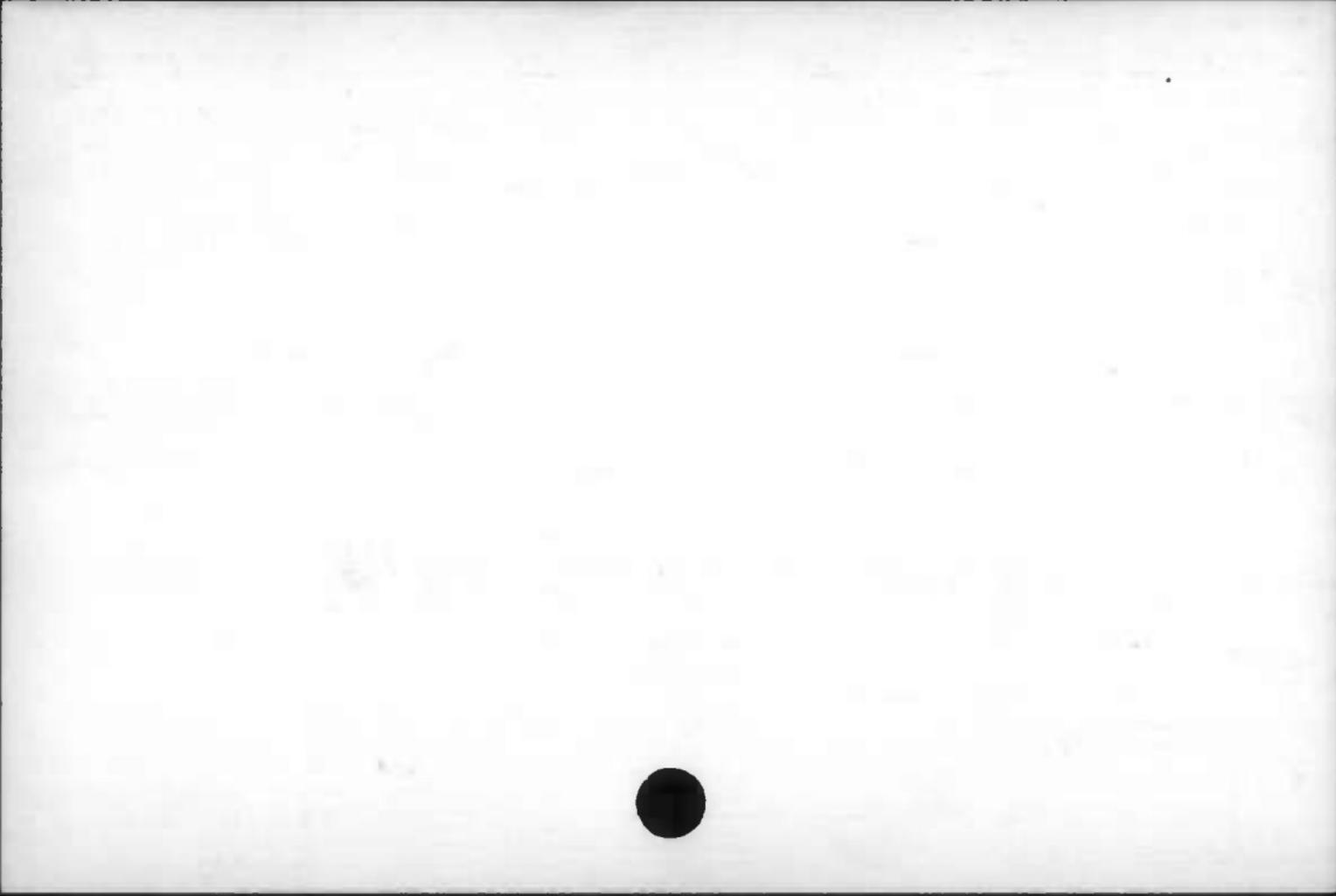
Yes

Signature of Physician

Address

Clyde Roulain
Buckaytown

Accident



Name
in
Full

William M. Matheny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Frederick County Frederick

MARYLAND

Died at Frederick Date Month Day Years Months Days
of death 1960 3 10 0 2 10

Sex Male

Color or
Race

White

Birth-
place Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Mr. Clayton Matheny

Father's
Birthplace

Frederick

Mother's
Maiden Name

Catherine Johnson

Mother's
Birthplace

" "

Name of person giving
Information

Mr. C. Matheny

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

Convulsions

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Sabine

73 Church St
Frederick

Accident or Suicide

Interment Mar 11 - 10
" at Daubs Cemetery

Thomas P Rice F.D.

as Bruch
as McCuskey.

Name
in
Full

Darlon Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Frederick		Frederick			MARYLAND	
Date of death	1900	Month	Day	Years	Months	Days
1900	Mar	17	Age	28		
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Life Insurance Agt			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ethel Phoebe			
Father's Name	Jos Mills			Father's Birthplace	Md	
Mother's Maiden Name	Snyder			Mother's Birthplace	"	
Name of person giving Information	Al Carlisle			How related to deceased	Friend.	

CAUSES OF DEATH

Primary	Pneumonia	
Secondary	Pyrexia	
Immediate	Pyrexia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
	Wm M. Smith	Frederick, Md.
Address		
Accident or Suicide		

93

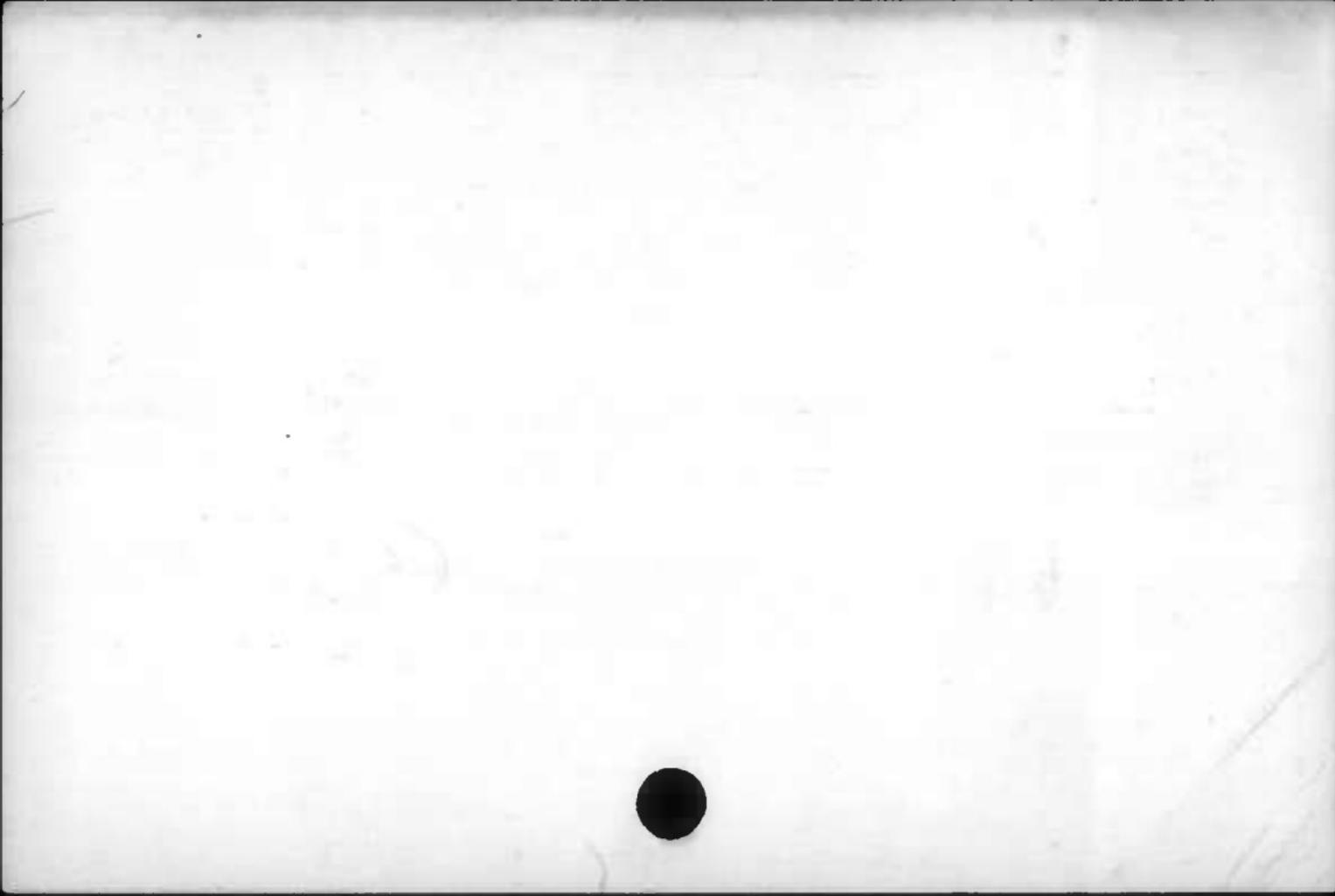
v

2 weeks

4 days

PHYSICIAN
OR CORONER

11+



Name
in
Full

Carl E. Moyley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Plane No. 4 Town Belvoir County

MARYLAND

Date of death 1910 Month 3 Day 2 Years Age 20 Months 3 Days 1

Sex male Color or Race white

Birthplace Dist. Co. Md

Occupation none

Where residing if not
at place of death

Married, Single
or Widowad

Single

Name of Wife or Husband

Father's Name Charles William Moyley

Father's Birthplace Montgomery Co. Md

Mother's Maiden Name Inella Anderson

Mother's Birthplace Pennsylvania

Name of person giving Information Chas. Wm. Moyley

How related to deceased Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

2 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

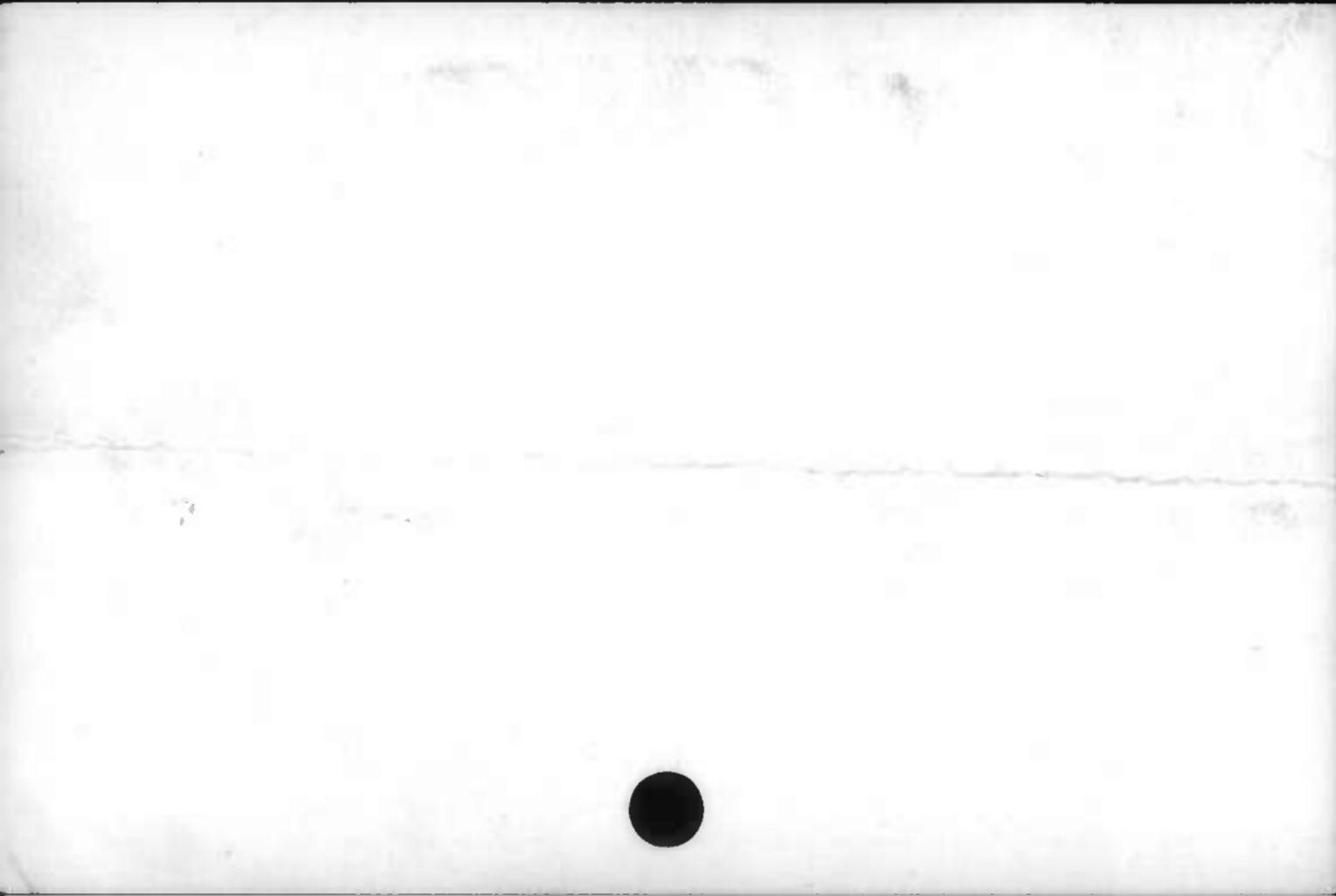
H. H. Hopkins M.D.

New Market

Md

Accident or Suicide

no



Name
in
Full

Thomas E. Morley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND					
Date of death	1940	Month	McW	Day	5	Years	64	Months	28	Days
Sex	Male	Color or Race	White	Birth-place	Maryland					
Occupation	Farmer.		Where Residing if not at place of death	at home						
Married, Single or Widowed	Married	Name of Wife - Husband	Annie Riley Morley	Father's Name	Kahlon T Morley	Father's Birthplace	Damascus			
Mother's Maiden Name	Pricilla	Morley	Priscilla	Mother's Birthplace	Damascus	How related to deceased	Son			
Name of person giving information	Everett Morley									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

11 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

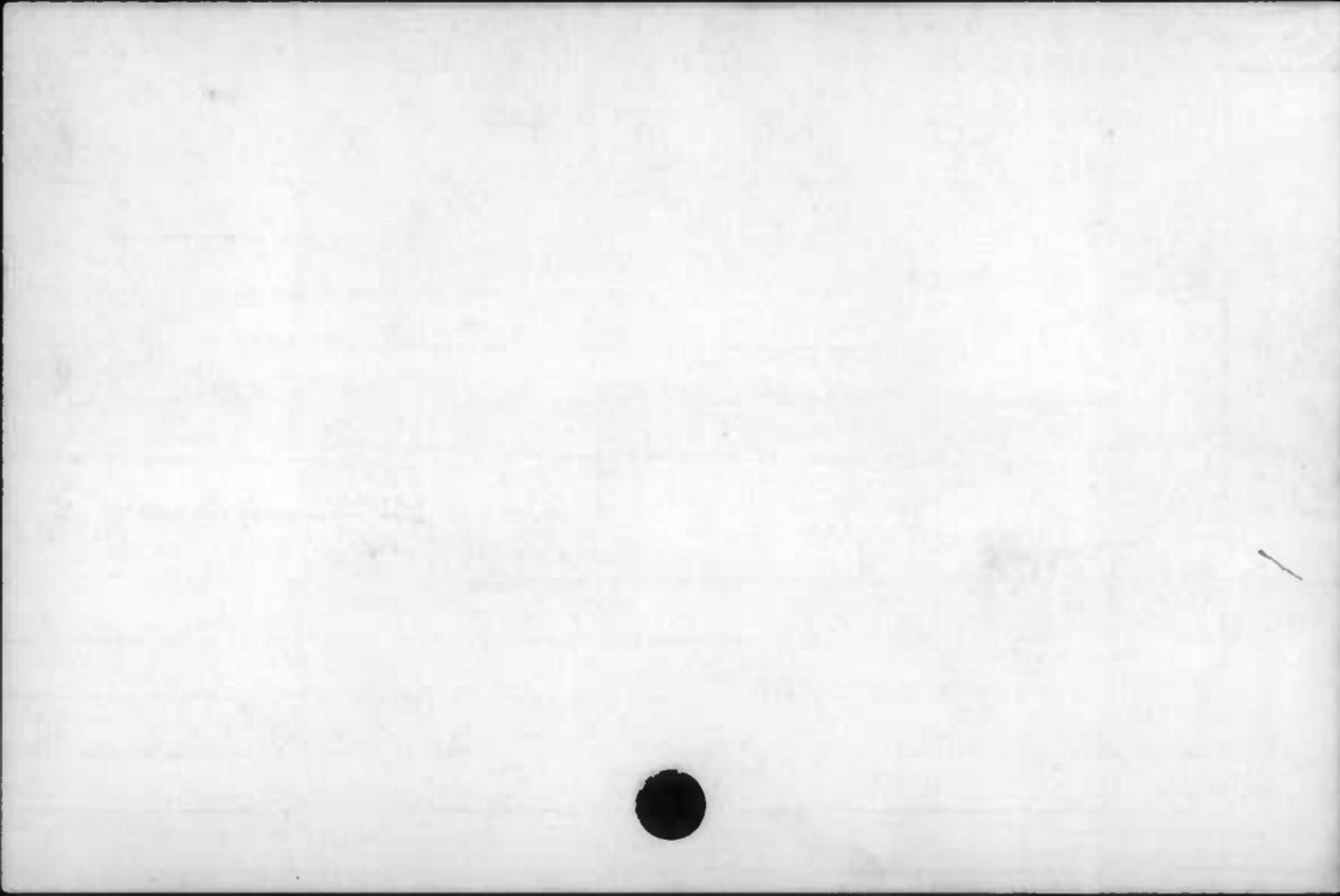
R B Sturte

Address

Adamstown Md

I

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Near Ephriam</u>		Town	<u>Frederick</u>		County		MARYLAND	
Date of death <u>1960</u>	Month <u>March</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>21</u>		
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>near Ephriam Md.</u>							
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Ernest Nelson</u>	Father's Birthplace <u>Md.</u>							
Mother's Maiden Name <u>Emma Kregan</u>	Mother's Birthplace <u>Md.</u>							
Name of person giving Information <u>Walter Nelson</u>	How related to deceased <u>Uncle</u>							

CAUSES OF DEATH

151

V

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Immature birth

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Thomas Grinnell, Sub Registrar,
Araby R.F.D. 1, Md,

Accident or Suicide?



Intemmett Near 16 - 10.

" at: Sasattsville Md

Thomas R Rice F.D.

Dr Falmary

Name
in
Full

Samuel Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	19 80 March	Month	Day	Year	Month	Days	
Sex	Male	Color or Race	Age	6	x		
Occupation	None	Where Residing if not at place of death		City Hospital			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	C. P. Nichols		Father's Birthplace			Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace			Unknown	
Name of person giving Information	MD City Hospital		How related to deceased				

CAUSES OF DEATH

Primary
Broncho Pneumonia,
Immediate Toxemia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

98

v

How long 4 days,
2 days,
T B Johnson.
Frederick Md.

Accident or Suicide

M. L. Ellison

Name
in
Full

Henrietta Musbaum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND		
Died at	Frederick			
Date of death	Month	Year	Month	Day
1900	Mar	1st	4	6
Sex	Female	Color or Race	White	Birth-place
Occupation	Houswife	Where Residing if not at place of death	A. Washington Musbaum	
Married, Single or Widowed	Married	Name of Wife or Husband	William Moleworth	Father's Birthplace
Mother's Maiden Name	Ruth Condon			Mother's Birthplace
Name of person giving Information	A. N. Musbaum	How related to deceased	Husband	

CAUSES OF DEATH

Primary Diabetes Mellitus

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Otis B. Stover

Liberty Town

Frederick Co.

50

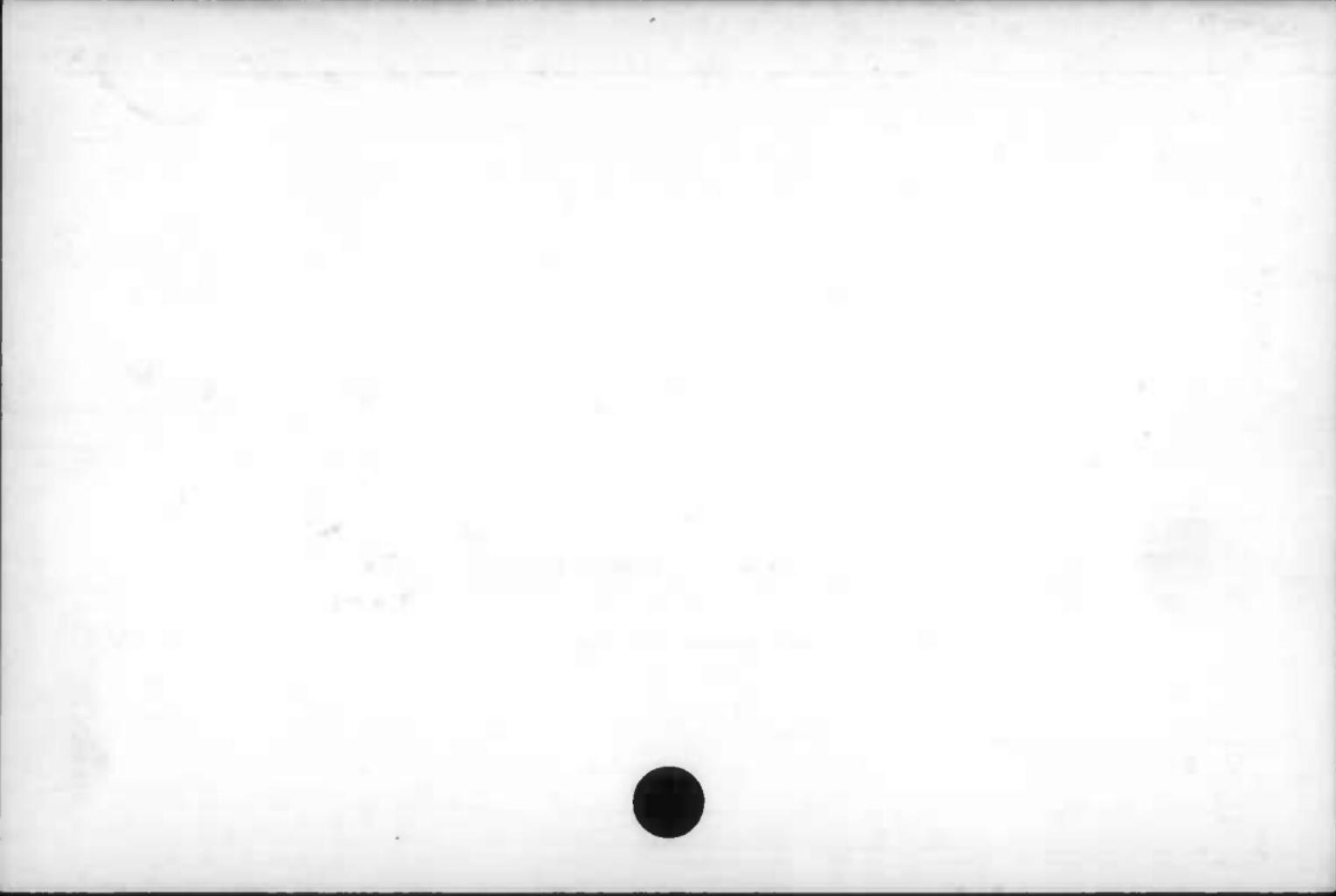
How long

About 15 yrs.

How long

6 hrs

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Josiah Ogle

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Met Pleasant Frederick

Date

Month

Day

Years

Months

Days

of death 1960

3

1

Age 89

—

—

Sex

Male

Color or
Race

Black.

Birth-
place

Maryland

Occupation

Farm Laborer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widowed

Name of Wife
Husband

Mary Tucker

Father's
Name

Monkuscon

Father's
Birthplace

Mother's
Maidan Name

" "

Mother's
Birthplace

Name of person giving
Information

Hammond Ogle

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile Debility

15

V

Immediate

Weak Heart.

How long

Mouths

?

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. C. Stone M.D.

Met Pleasant

for T. P. Rice by permission



Accident or Suicide

Interment Mar 2 1910
" at Silver Hill Cem. (Frederick Co.)

Thomas P Rice F&O

Dr Stone

Dr Goodell

Name
in
Full

Richard Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at <u>Mary Glumston</u>		<u>Frederick</u>			
Date of death <u>1900</u>	Month <u>March</u>	Day <u>4</u>	Years <u>63</u>	Months <u>2</u>	Days <u>20</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>			
Occupation <u>farmer</u>	Where Residing if not at place of death <u>Near Glumston</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Peters</u>	Father's Birthplace <u>Md.</u>			
Father's Name <u>John Peters</u>					Mother's Birthplace <u>Md.</u>
Mother's Maiden Name <u>Sandy Thompson</u>					How related to deceased <u>cousin</u>
Name of person giving information <u>Gov. Peters</u>					
CAUSES OF DEATH					
Primary <u>Carcinoma of Stomach</u>	How long <u>40</u>				<u>v</u>
Immediate <u>Heart failure</u>	How long				<u>Two years</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address		
<u>Yes</u>	<u>Bethany</u>		<u>Araby Md.</u>		

Accident or Suicide?

* 2027844

P.

Name
in
Full

George W^m. Plunkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Frederick

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1900

3

6

75

5

17

Sex Male

Color or
Race

White

Birth-
place

Pa.

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Louisa Foller

Father's
Birthplace

Pa.

Father's
Name

James Plunkett

Mother's
Maiden Name

Silia Ann Welsh

Mother's
Birthplace

Pa.

Name of person giving
Information

Mrs. Plunkett

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Arterio Sclerosis

(78)

15 years
gradual.

Immediate

Acute Myocarditis

How long
10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm M. Smith
Frederick, Md.

Accident or Suicide

Interment Mar 8 10
" at St John's Cemetery

Thomas P. Rice - F. d.

Dr. W. M. Smith

Dr. McGeerdy

Name
in
Full

George Pool

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	74	9	26
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Ellersville			
Father's Name	William Pool				
Mother's Maiden Name	Mary Pool				
Name of person giving Information	John Kenterman				

CAUSES OF DEATH

Primary

Organic Heart Disease

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ralph Baoming
Myersville, Md.

Accident or Suicide

79

How long

Several years.

How long

Several weeks.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Aura Maeve Poole

Died at

Town

Broadmead

County

Broadmead

CERTIFICATE OF DEATH

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1960 March 17 82

Sex Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House work

Where Residing if not
at place of death

at Broadmead

Married, Single
or Widowed

Name of Wife or
Husband

John Poole

Father's
Name

George Wiles

Father's
Birthplace

Don't know

Mother's
Maiden Name

Douglas Harper

Mother's
Birthplace

Don't know

Name of person giving
Information

Mrs Conrad

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Pneumonia

90

years

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

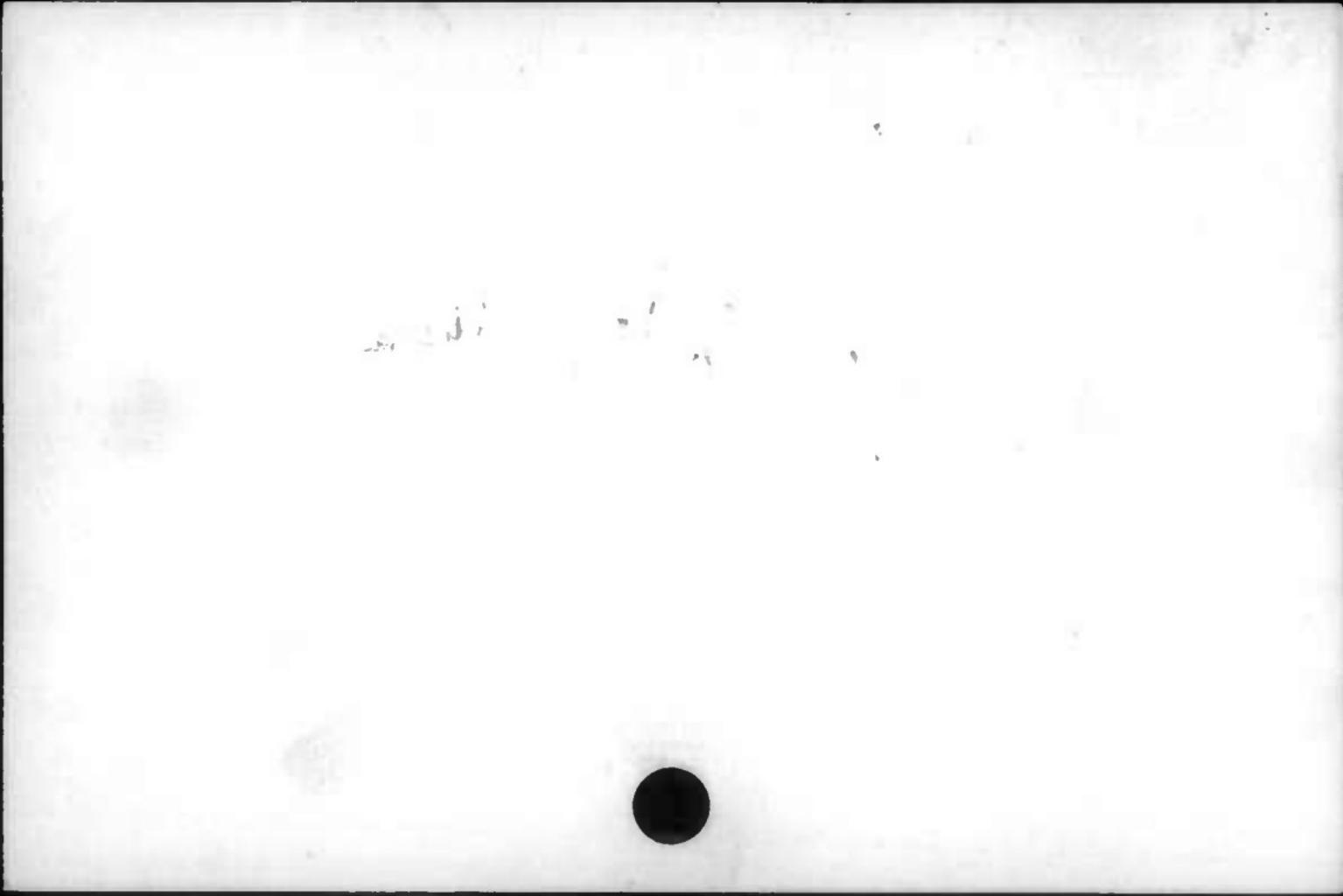
yes

Signature of
Physician

Address

S. C. Haffner, M.D.,
Broadmead,
Md.

Accident or Suicide



Name
in
Full

Lucinda R. J. Reich

Nov 12

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Frederick

County

Frederick

MARYLAND

Date
of death

190

Month

March

Day

20

Years

81

Months

5

Days

8

Sex

Female

Color or
Race

white

Birth-
place

Carroll Co., Md.

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Wm Reich

Father's
Birthplace

Carroll Co., Md.

Father's
Name

William Brown

Mother's
Birthplace

Montgomery Co., Md.

Mother's
Maiden Name

Annie Walter Perry

How related
to deceased

Son

Name of person giving
Information

Benj. J. Reich

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

120

Some years

Immediate

General Asthma

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. Neudix, M.D.

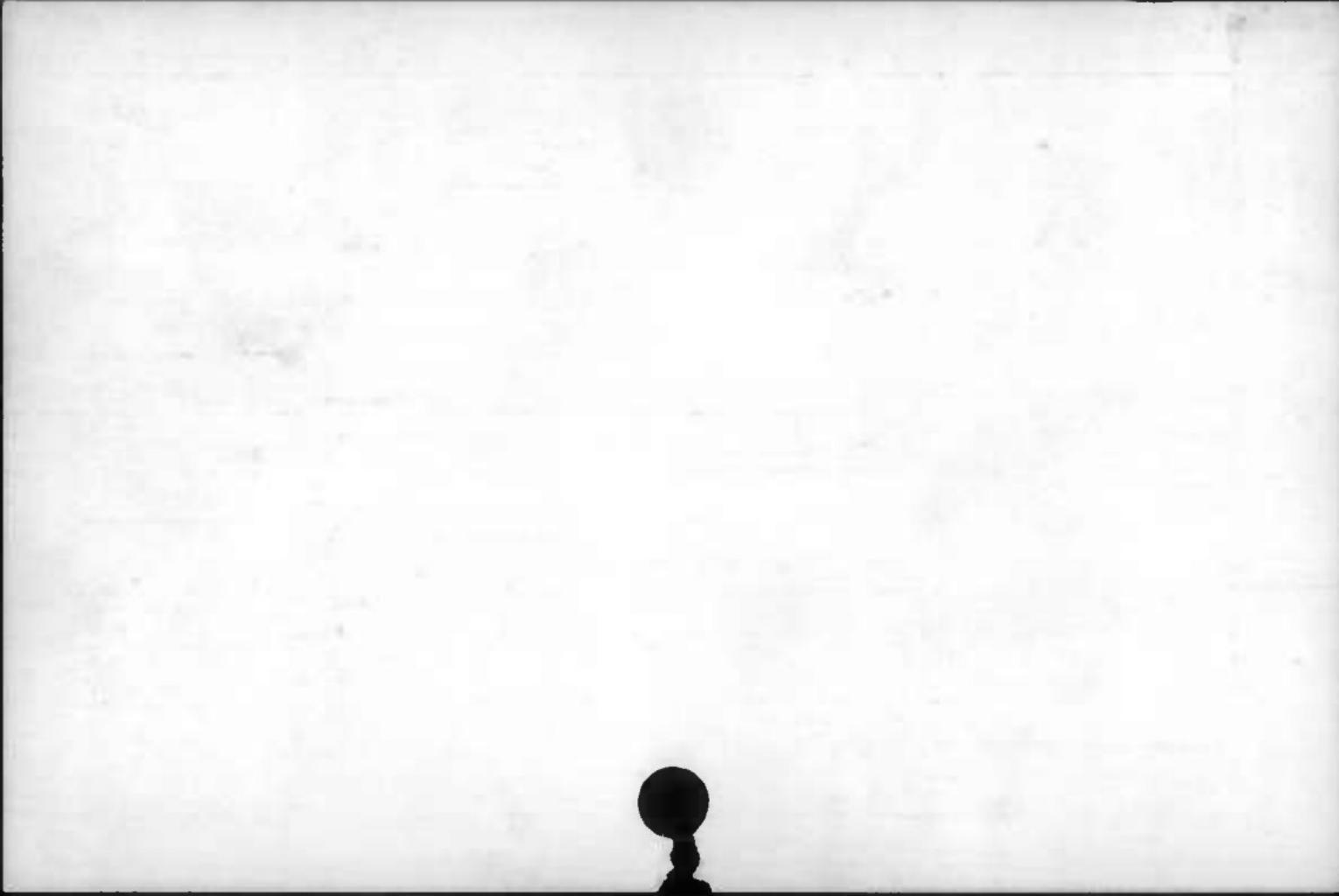
Frederick, Md.

Address

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Catherine Resch

Town

County

Died at

Month

Day

Years

MARYLAND

Date
of death 19

Month

Day

Years

Month

Day

10 Mech

Age 77

8

27

Sex

Female

Color or
Race

white

Birth-
place

Occupation

Retired

Where Residing if not
at place of death

at place of death.

Married, Single
or Widowed

widow

Name of Wife or
Husband

John Michael Resch

Father's
Name

Peter Resch.

Father's
Birthplace

Maryland

Mother's
Maiden Name

Doris Kniv.

Mother's
Birthplace

" "

Name of person giving
Information

Geo. Smith

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Bronchitis.

90

V

1 week

Immediate

Heart failure

How long

18 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

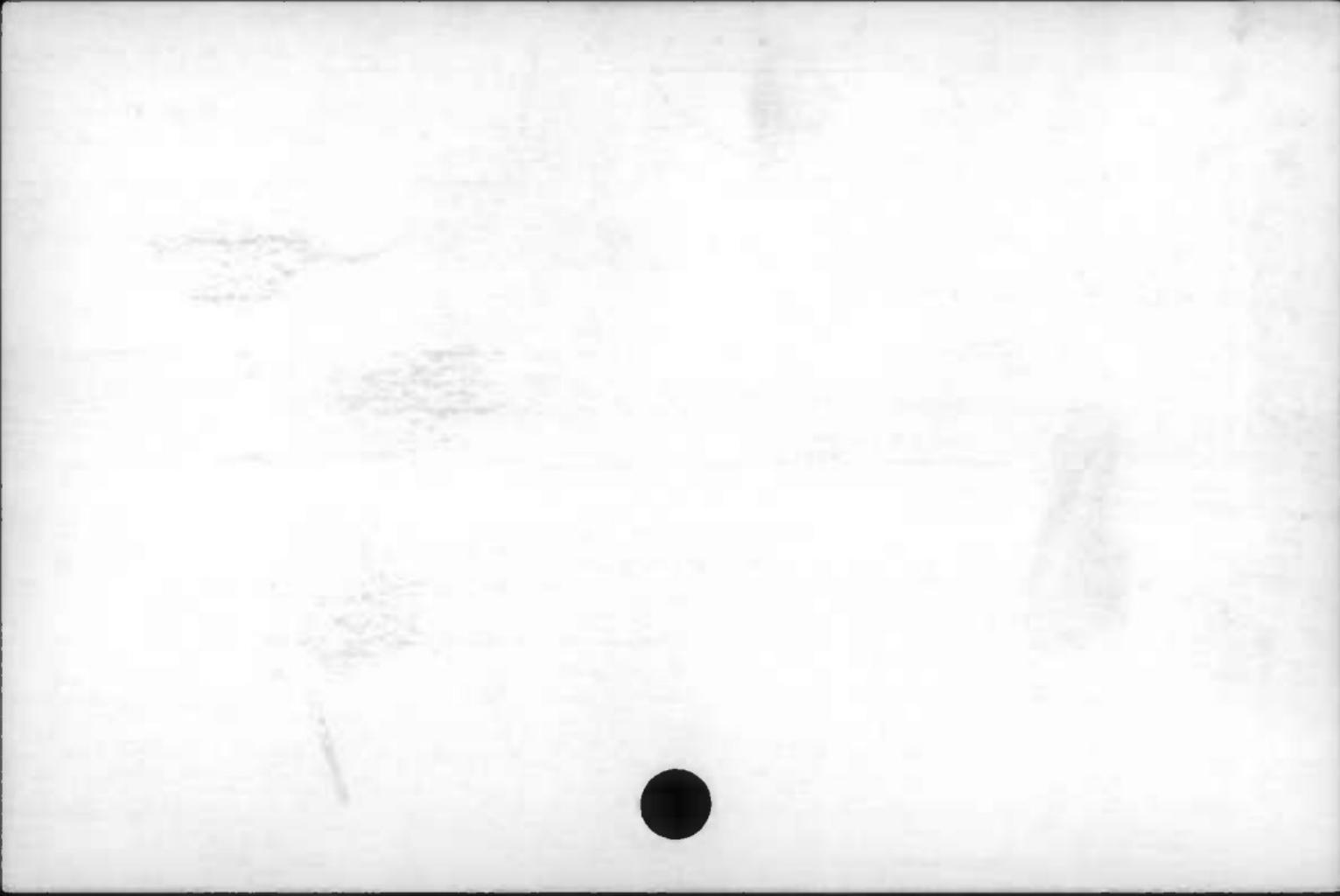
Address

C.H. Dillen

Detour
Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Bridget Riordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died et Date of death	Town Month	Day	County	MARYLAND
1960	Mar.	3	Frederick	Months Days
Sex	Female	Color or Race	Age 72	1 2
Occupation	House-wife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Cornelia W. Riordan	
Father's Name	Dunis O'Connell			Father's Birthplace Ireland
Mother's Maiden Name	Nora O'Sullivan			Mother's Birthplace Ireland
Name of person giving Information	Ella Riordan			How related to deceased Daughter

CAUSES OF DEATH

Primary Chronic Interstitial Nephritis

Immediate Heart failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. C. Sappington
Liberty Inn

120

How long

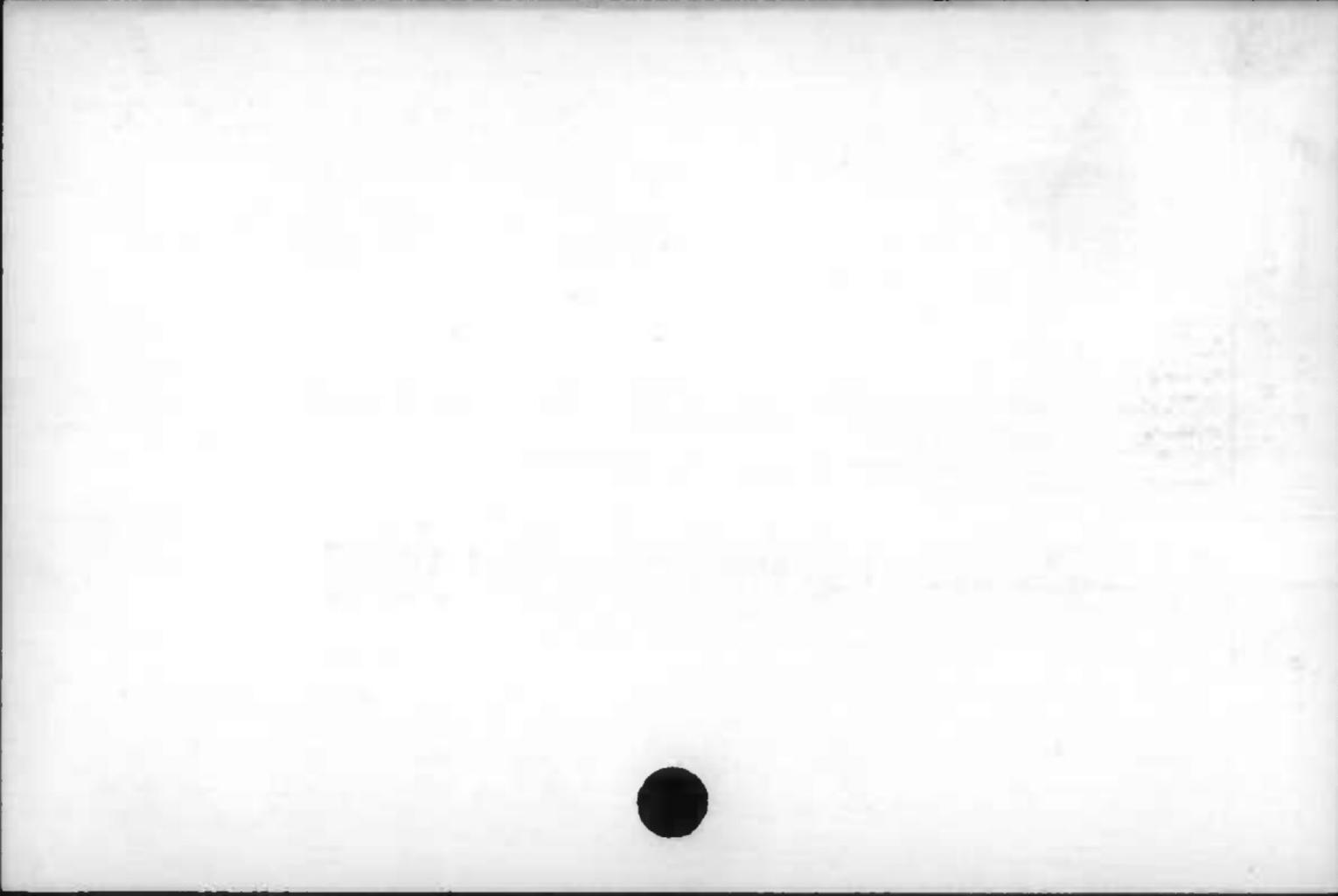
One year

How long

2 hours

Accident or Suicide

Med.



Name
in
Full

Elizabeth Schroeder,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Iowa	County	MARYLAND
Date of death	Month	Day	Years
1900	March	2nd	Age 81
Sex	Color or Race	Birthplace	Days
Female	White	Prussia	
Occupation	Where Residing if not at place of death		
Housewife. Religious			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Prussia
Single	Antonia Schroeder	Mother's Birthplace	Prussia
Father's Name	How related to deceased		
Teresa Miller	None		
Mother's Maiden Name			
Name of person giving Information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis

Immediate

Anasarca

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John B. Bravender
Emmitsburg Md

90

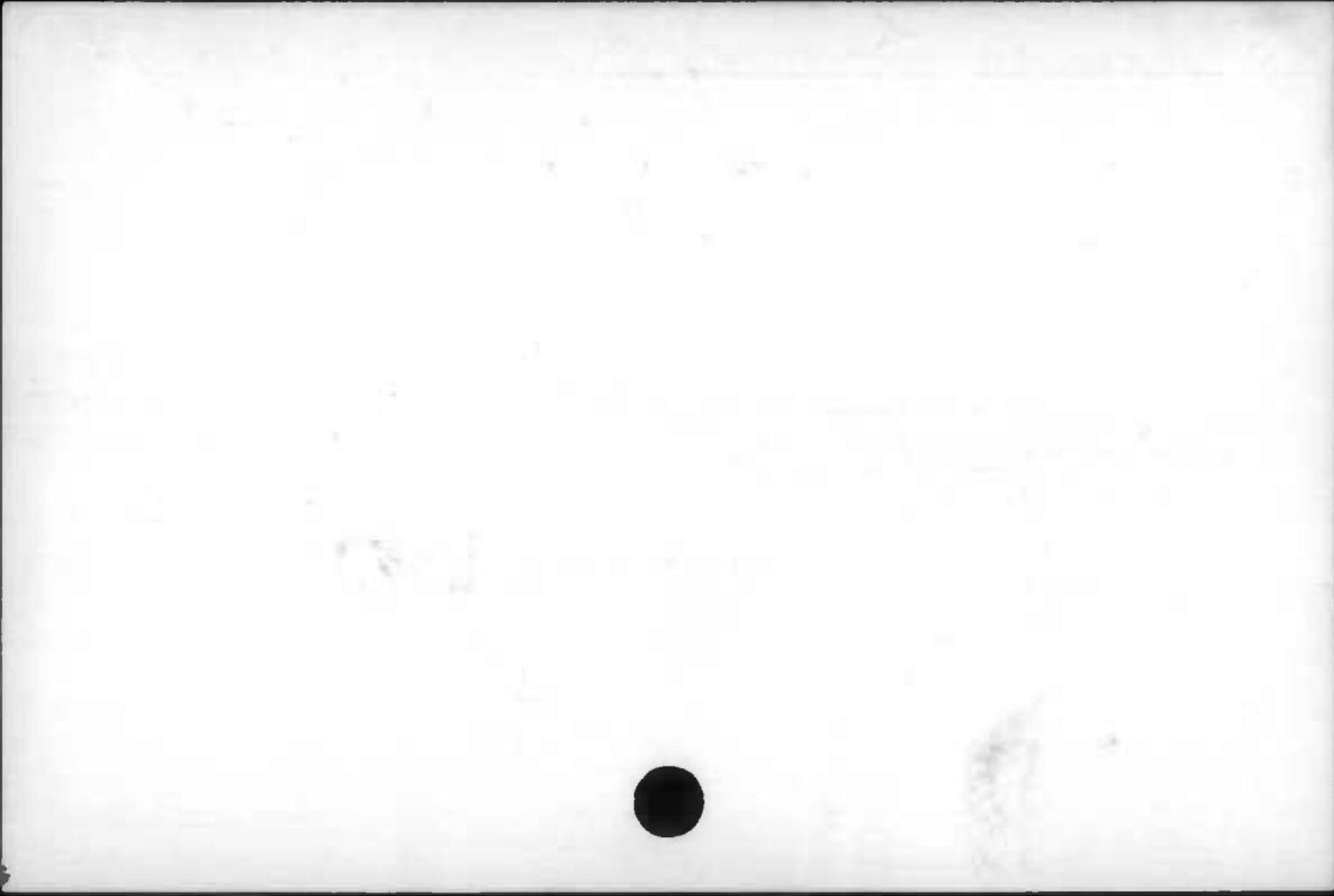
How long

7 months

How long

Four weeks

Accident or Suicide



Name
in
Full

Roy L. Schuff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Frederick	County	Frederick		
Died at				MARYLAND	
Date of death	Month	Day	Years	Months	Days
1900	3	26	1	5	12
Sex	Male	Color or Race	White	Birth-place	Frederick Md
Occupation	Where Reiding if not at place of death			Frederick Md	
Married, Single or Widowed	—			Father's Name	William H. Schuff
Mother's Maiden Name	Minnie Warrey			Mother's Birthplace	Maryland
Name of person giving Information	Father of deceased			How related to deceased	" "

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis

8

v

How long

2 week

Immediate

Bronch P mucus

How long

4 days

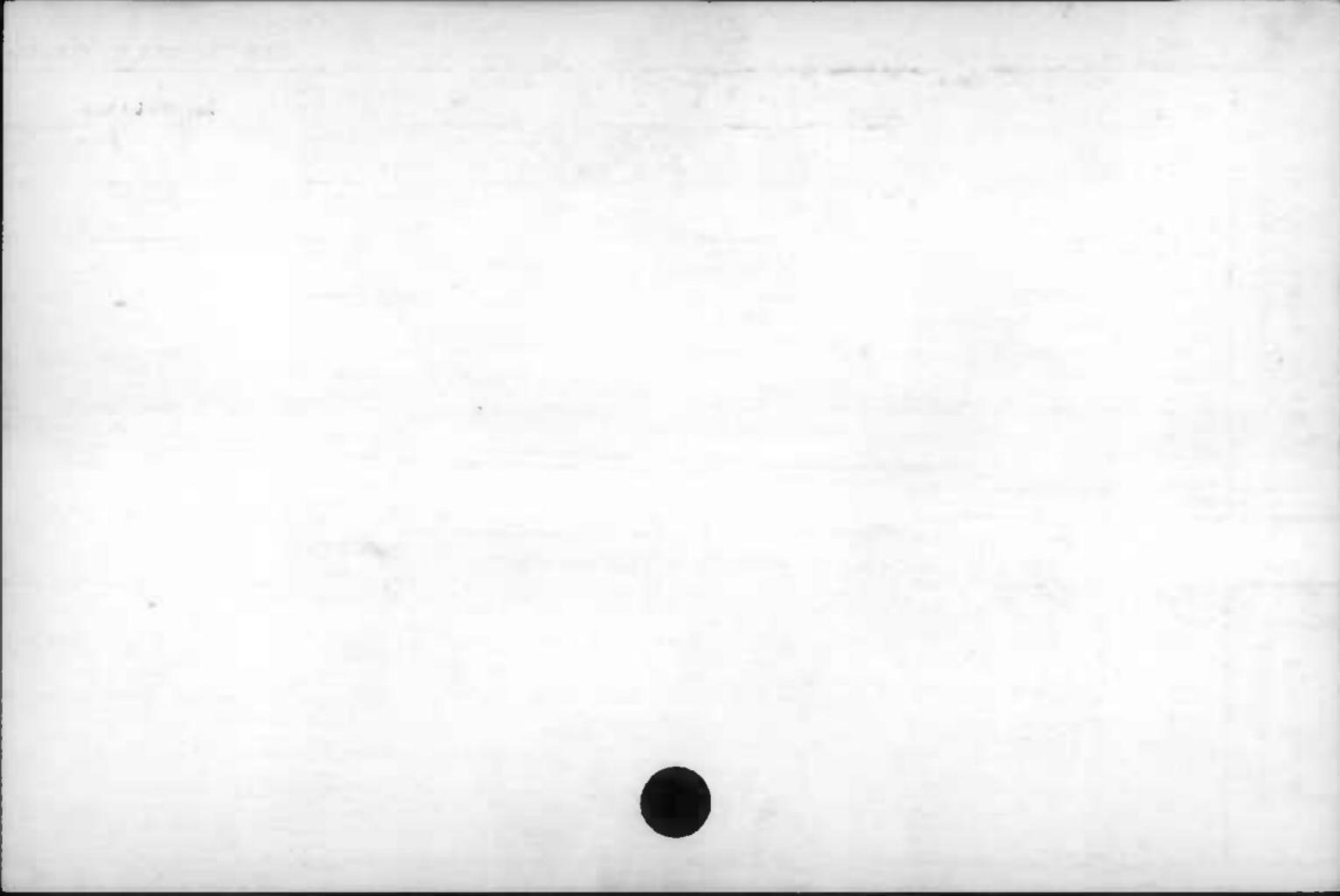
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. H. Hedgen
Frederick

Accident or Suicide



Name
in
Full

Sarah Ann Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Middleton

Frederick

Date
of death

190

Month

Day

Years

Months

Age

81

3

Days

24

Sex

Color or
Race

Birth-
place

Occupation

White

Bord

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Samuel Shaffer

Father's
Name

John Horine

Father's
Birthplace

Mother's
 Maiden Name

Catharine Routhier

Mother's
Birthplace

Name of person giving
Information

Ms. Chas. Shaffer

How related
to deceased

Son-in-Law

CAUSES OF DEATH



How long

Primary

Typhoid Fever

21 days

Immediate

Collapse + exhaustion

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

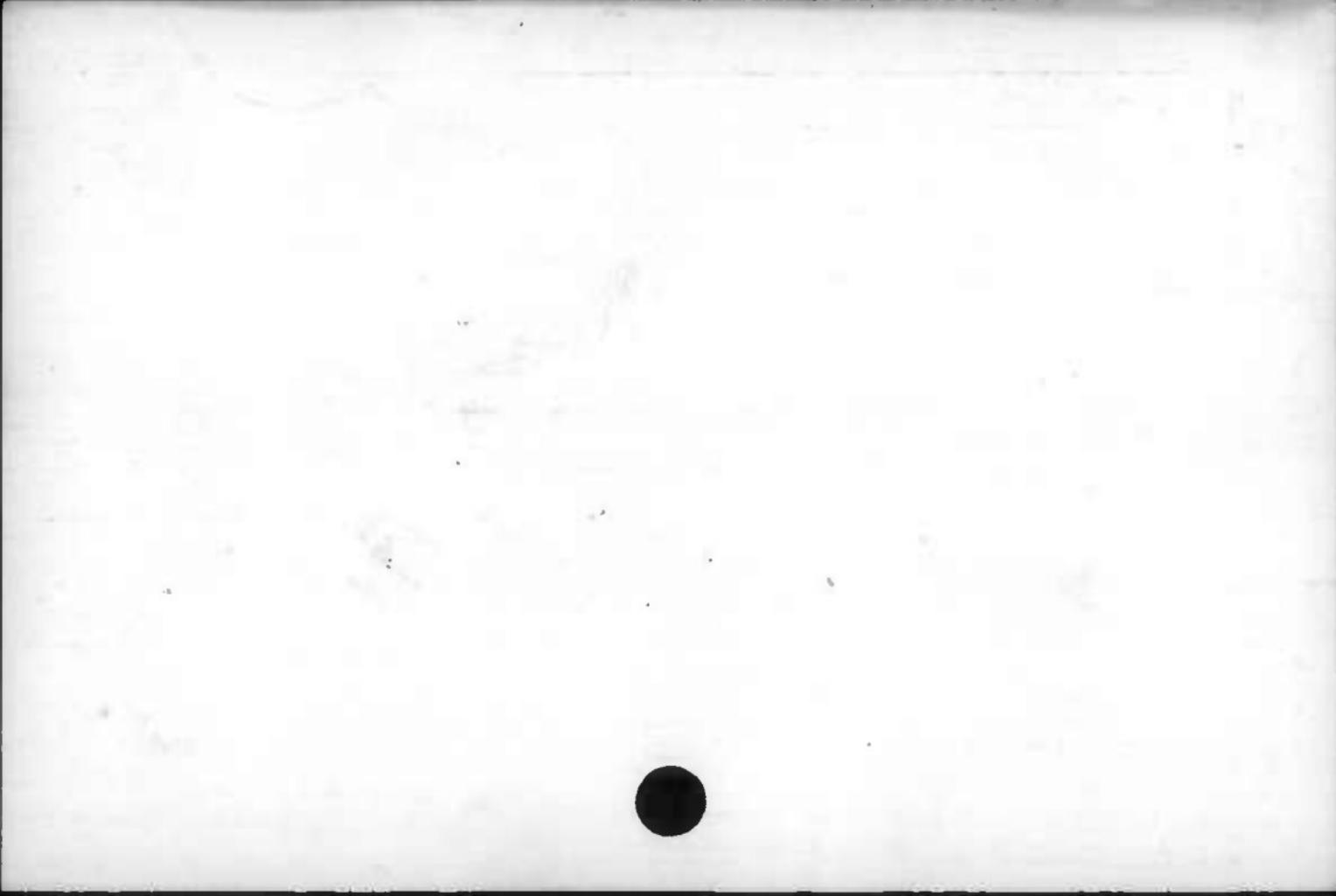
A. D. Saman

Middletown

Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary E. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1940	Month March	Day 13	Age 70	Years	Months Days
Sex	Female		Color or Race	White		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband			
Father's Name	Geo S Groschon		Father's Birthplace Frederick County			
Mother's Maiden Name	Mary Davis		Mother's Birthplace Middleburg Va			
Name of person giving Information	Annie V Groschon		How related to deceased Sister.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Gastitis

How long

2 yrs

Immediate

Epilepsy

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

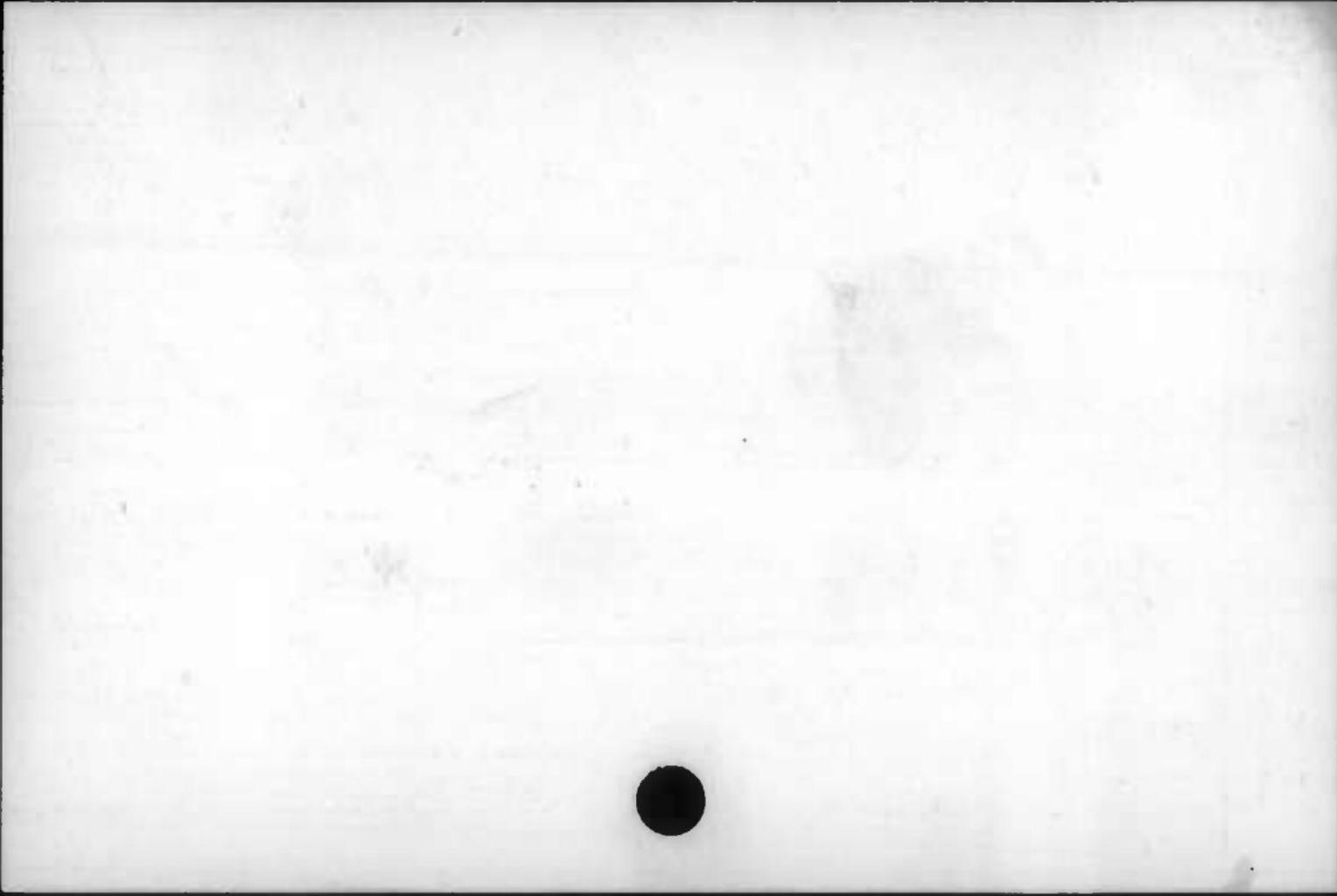
Signature of Physician

Address

New G. McNamee

Frederick Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Maynard Rausberg & Smith
New Lexington, Frederick

County

Date
of death 19

Month

Day

Year

Months

Days

10 8 24

Age

10

6

Sex

Male

Color or
Race

White

Birth-
place

New Lexington

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George H. Smith

Father's
Birthplace

Fredk Co

Mother's
Maiden Name

Ella A. Rausberg

Mother's
Birthplace

Bedf Co.

Name of person giving
Information

George H. Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

3 Weeks

Immediate

Cardiac Paralysis

How long

2 Hours

Are the name, age, sex, color, date
and place correctly given above?

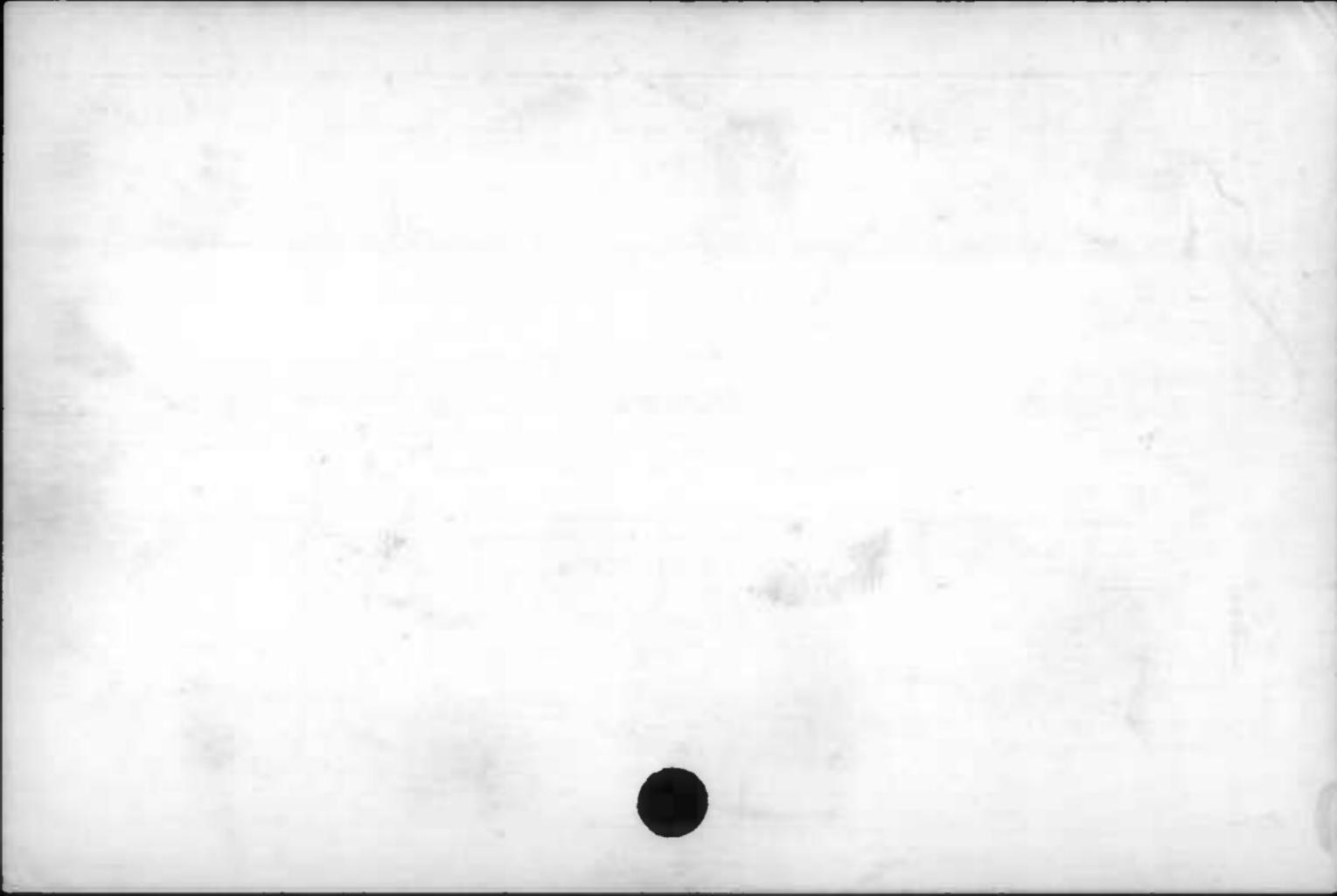
Yes

Signature of
Physician

Address

Frank Hayes
Frederick, Md

Accident or Suicide



Name
in
Full

Naomia E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at	Frederick	Frederick			
Date of death	1900	Month	Day	Years	Months
	3	3	1	1	28
Sex	Female	Color or Race	White	Birth- place	Frederick
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John L. Smith			Father's Birthplace	Frederick County
Mother's Maiden Name	Kattie E. Ridenour			Mother's Birthplace	" " "
Name of person giving Information	John L. Smith			How related to deceased	Father

CAUSES OF DEATH

Not Known
Convulsions

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

71

How long

How long

St. Ann

P. H. Hedges
Frederick

Accident or Suicide

Interment Near 9 - 10

" at Meyersville^{Mod} (Md. B.) Cemetery

Thomas P. Rice. F.D.

as Hedges

as McCurdy.

Name
in
Full

Keturah Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	1 21
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Philip Snowden	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Hometown Frederick
1960 Mar 28 73 1 21
Female Colored
Housewife
Widowed Philip Snowden
Unknown
Unknown
Elizabeth Thomas
64 ✓
Appoplexy and Inability
Exhaustion
3 mo.
3 days

CAUSES OF DEATH

Primary

Appoplexy and Inability

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

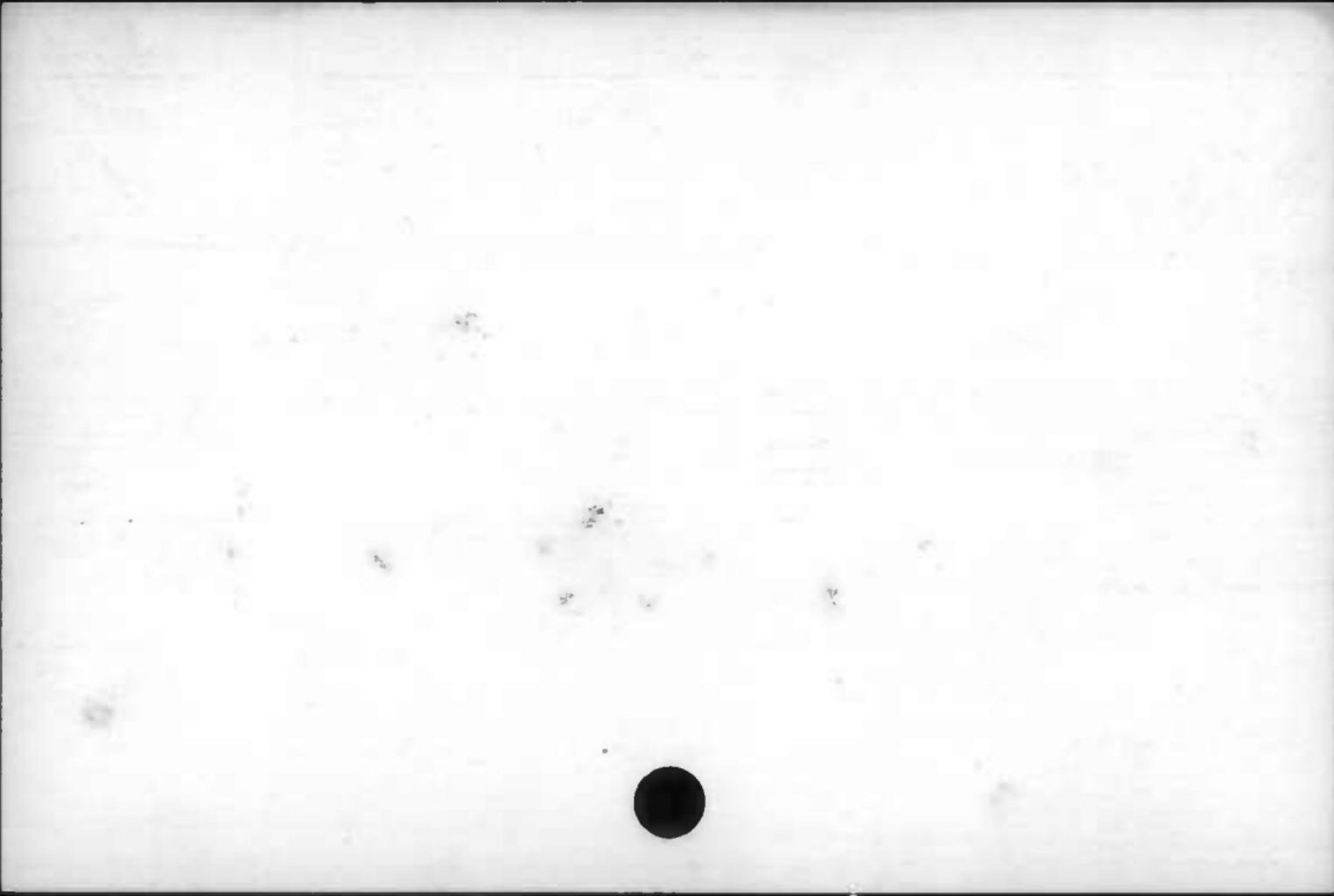
yes

Signature of Physician

Address

R. C. Trout M.D.
Kempfown, Md.

Accident or Suicide



Name
In
Full

David M. Snyder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	59	10	14
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Annie M. Neubauer			
Father's Name	John Snyder				
Mother's Maiden Name	Mary Easter				
Name of person giving information	John H. Snyder				

CAUSES OF DEATH

45

Primary

Malignant Tumor of Right Shoulder

How long

About 6 months

Immediate

Coma with weak heart

How long

About 12 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

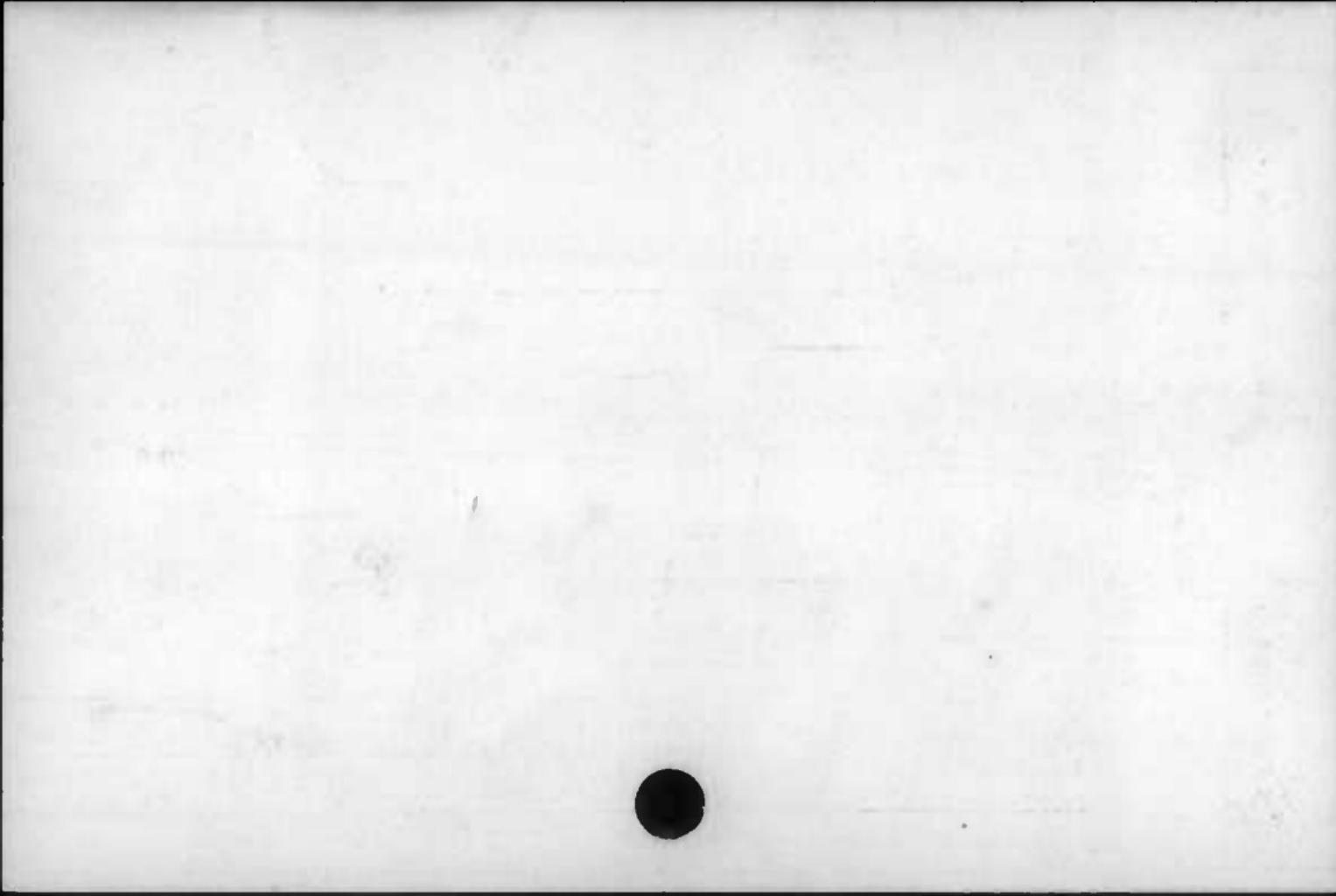
J. H. Sidwell

Address

Johnsville, Md.

Accident or Suicide?

No.



Name
in
Full

Mrs Frances P. Sparrow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Frederick	Frederick				
Date of death	Month	Day	Years	Months	Days	
1960	3	5	52	—	—	
Sex	Color or Race	Birth-place				
Female	White	Frederick Co.				
Occupation	Where Residing if not at place of death					
A. wife		x				
Married, Single or Widowed	Name of Wife or Husband	Chas Sparrow				
Father's Name	Henry Firestone	Father's Birthplace	60			
Mother's Maiden Name	Mary Mahoney	Mother's Birthplace	60			
Name of person giving information	J. H. Baumgardner	How related to deceased	Son in law			

CAUSES OF DEATH

48

✓

PHYSICIAN
OR CORONER

Primary Rheumatic Gout -

How long

10 years -

Immediate Emphysema

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

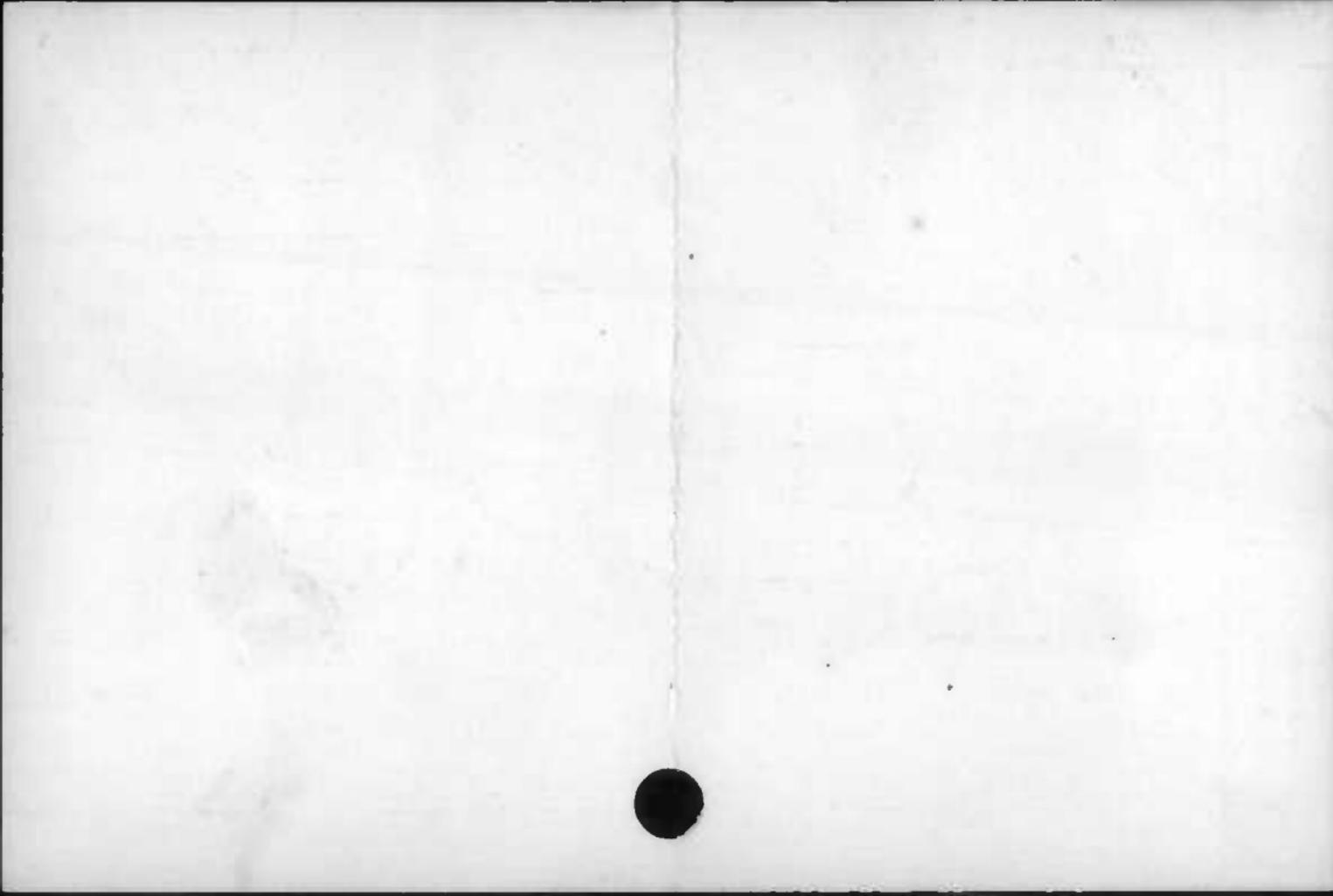
Address

Franklin Buchanan, D.M.

Frederick
Md

H

Accident or Suicide?



Name
in
Full

John Michael Straub

Town

Died at Mar Ladesburg

County

Fred

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date
of death 1900

Month

Dey

Years

3 23 57

Age

Monthe

Days

5

20

Sex

Male

Color or
Race

Caucasian

Birth-
place

Carroll Co. Md.

Occupation

Farmer —

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Birthplace

Fred Co. Md.

Father's
Name

Danl Straub

Mother's
Birthplace

Carroll Co. Md.

Mother's
Maiden Name

Magg - Stambaugh

How related
to deceased

Sis. br.

Name of person giving
Information

Miss Fannie Straub

CAUSES OF DEATH

79

✓

How long

Don't know.

Primary

Fatty Heart. —

How long

Don't know.

Immediate

Heart Failure (Death sudden)

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

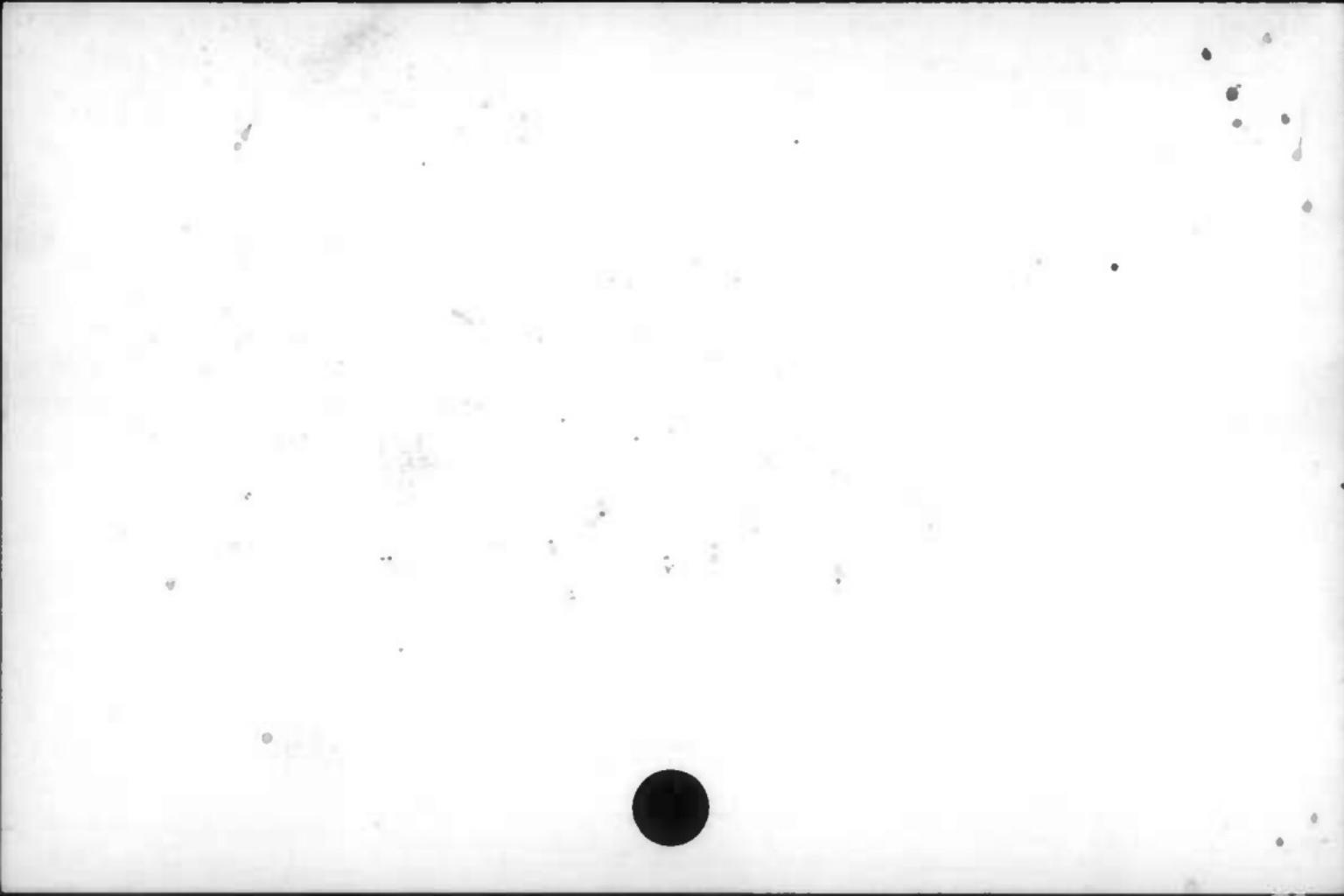
Address

W.H. Hable,
Woodshoo.

Med

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Morton Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

Date

of death 1900

Town

Month

3

Day

30

County

Frederick

MARYLAND

Years

Age 60

Months

—

Days

—

Sex Male

Color or
Race

Black

Birth-
place

Virginia

Occupation

White Washer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widowed Husband

Jennie Hopkins

Father's
Name

Unknown

Father's
Birthplace

Mother's
Maiden Name

Name of person giving
Information

"

Mary Wright

Mother's
Birthplace

How related
to deceased

Step Daughter

Primary

Scleroticum of heart

CAUSES OF DEATH

Immediate

9 of Remia

79

How long

35 days

Are the name, age, sex, color, date
and place correctly given above?

yes

How long

3 days

Signature of
Physician

Address

W.G. Lang
Frederick Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Apr 1 1910
" at Laboring Sons Cemetery

Thomas R Pease F. D.

Dr Leong
as McCurdy

Name
in
Full

William Stoops

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND,		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Lantz				
Father's Name	Serafina Stoops					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	Serafina Stoops					How related to deceased

CAUSES OF DEATH

64

How long

instant

How long

Primary

Supposed Aprolegy.

Immediate

Are the name, age, sex, color, date and place correctly given above?

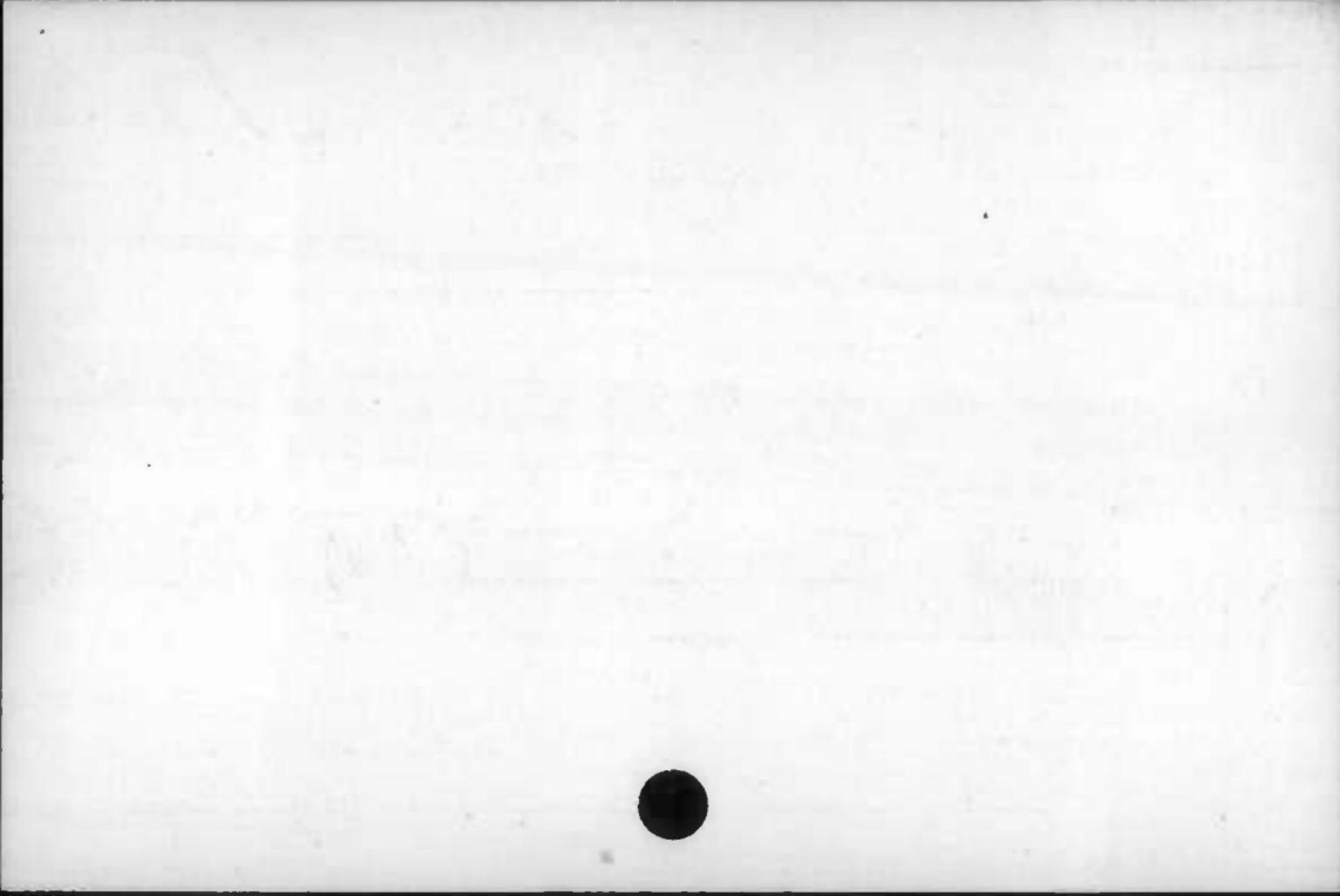
yes

Signature of Physician

Address

6 ft Stem acting coroner
Sabillasville Md.

Accident or Suicide?



Name
in
Full

Paul Roy Sundergill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Unionville

Town Frederick

County MARYLAND

Date of death 19010 March

Month 11

Day

Years

Months

Days

Age

Sex Boy

Color or Race

White

Birth-place

Unionville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Stanley Sundergill

Father's Birthplace

Md.

Mother's Maiden Name

Emma E. Ensor

Mother's Birthplace

Md.

Name of person giving
Information

Stanley Sundergill

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Acute Indigestion

10g

v

How long

36 hours.

Immediate

Exhaustion

*How long

6 hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. D. Pearce

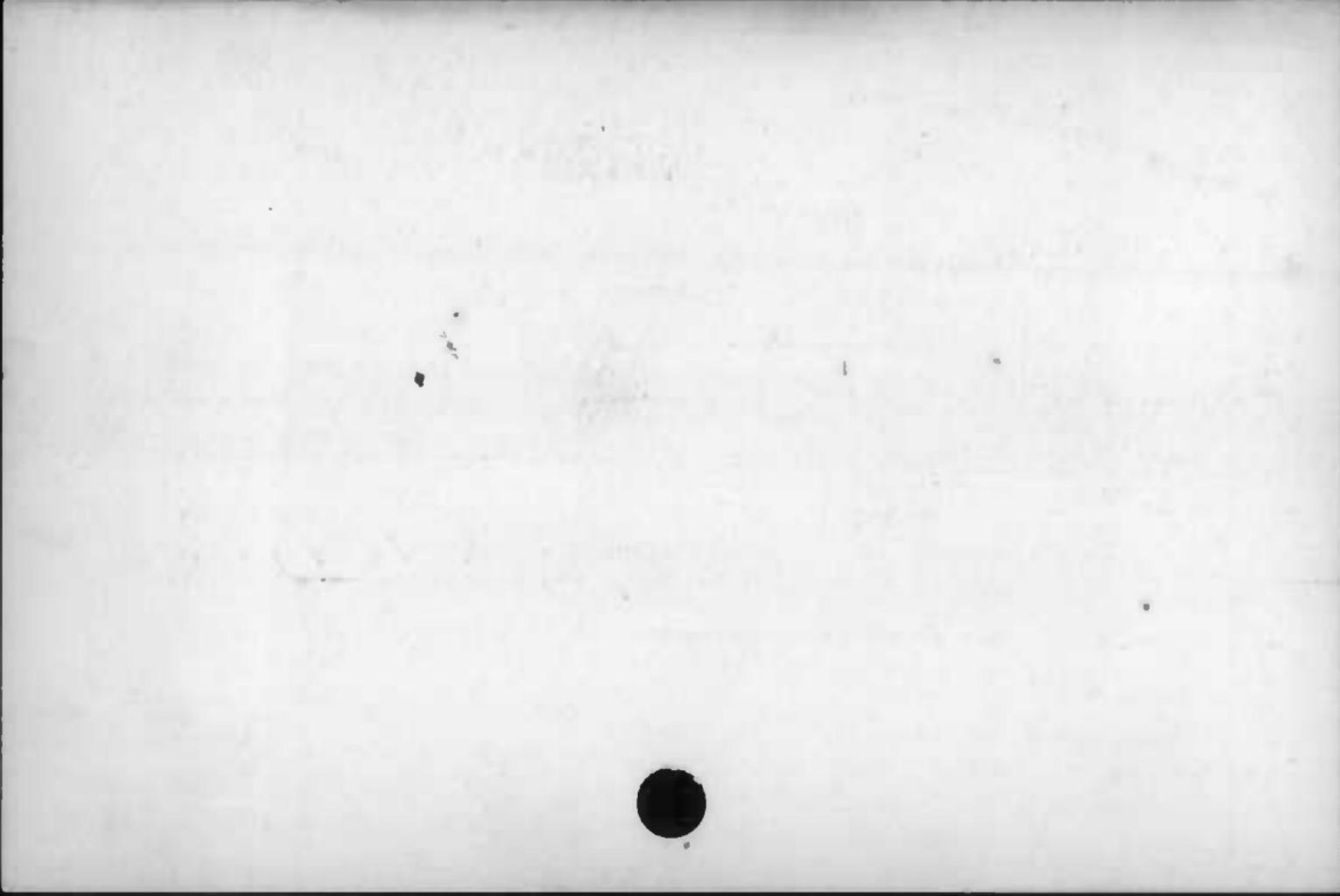
Address

Unionville

Maryland.



Accident or Suicide?



Name
in
Full

John F. Wagaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lantz Town Frederick County
Date of death 1960 Month March Day 26 Years — Montha — Days 2
Sex Boy Color or Race white
Occupation . Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Mrs. R. Wagaman

Father's Birthplace Lantz Md

Mother's Maiden Name Allie Mettee

Mother's Birthplace Baltimore Md

Name of person giving Information Mrs. R. Wagaman

How related to deceased Father

(85) ✓

CAUSES OF DEATH

Primary

Bleed to Death

How long

2

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

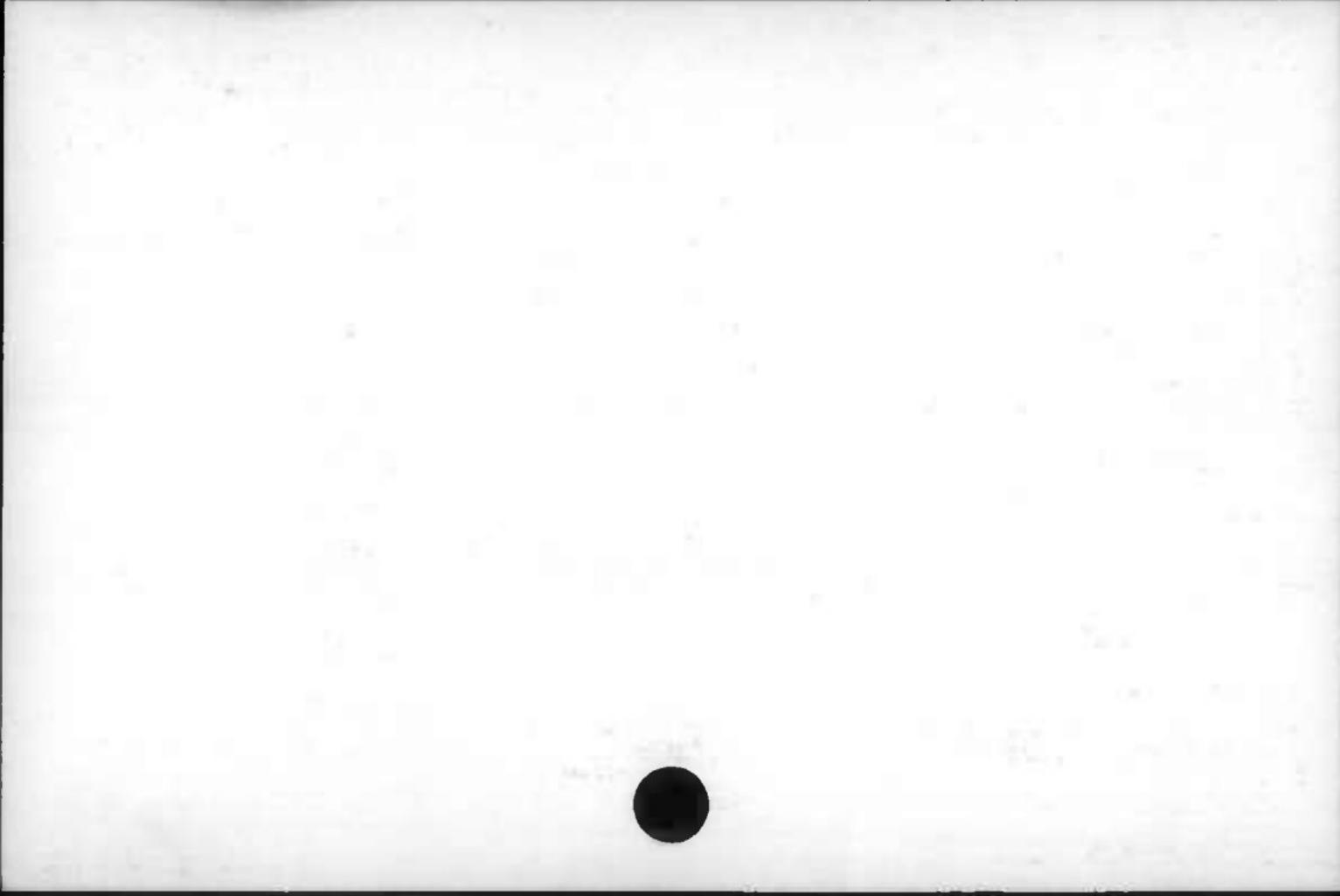
No Physician

C. H. Steury, Jr.

PHYSICIAN
OR CORONER

H

Accident or Suicide



Name
in
Full

Robert Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Bartholomew	Frederick		
Date of death	Month	Day	Day
1900	Mar	22	7
Age	Years	Months	
—	—	—	
Sex	Color or Race	Birth-place	
Male	White	Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Harvey Watkins		
Mother's Maiden Name	Burthe B. Billison		
Name of person giving information	Harvey Watkins		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

151

1

Immediate

Unknown

How long

unknown

Are the name, age, sex, color, date and place correctly given above?

yes

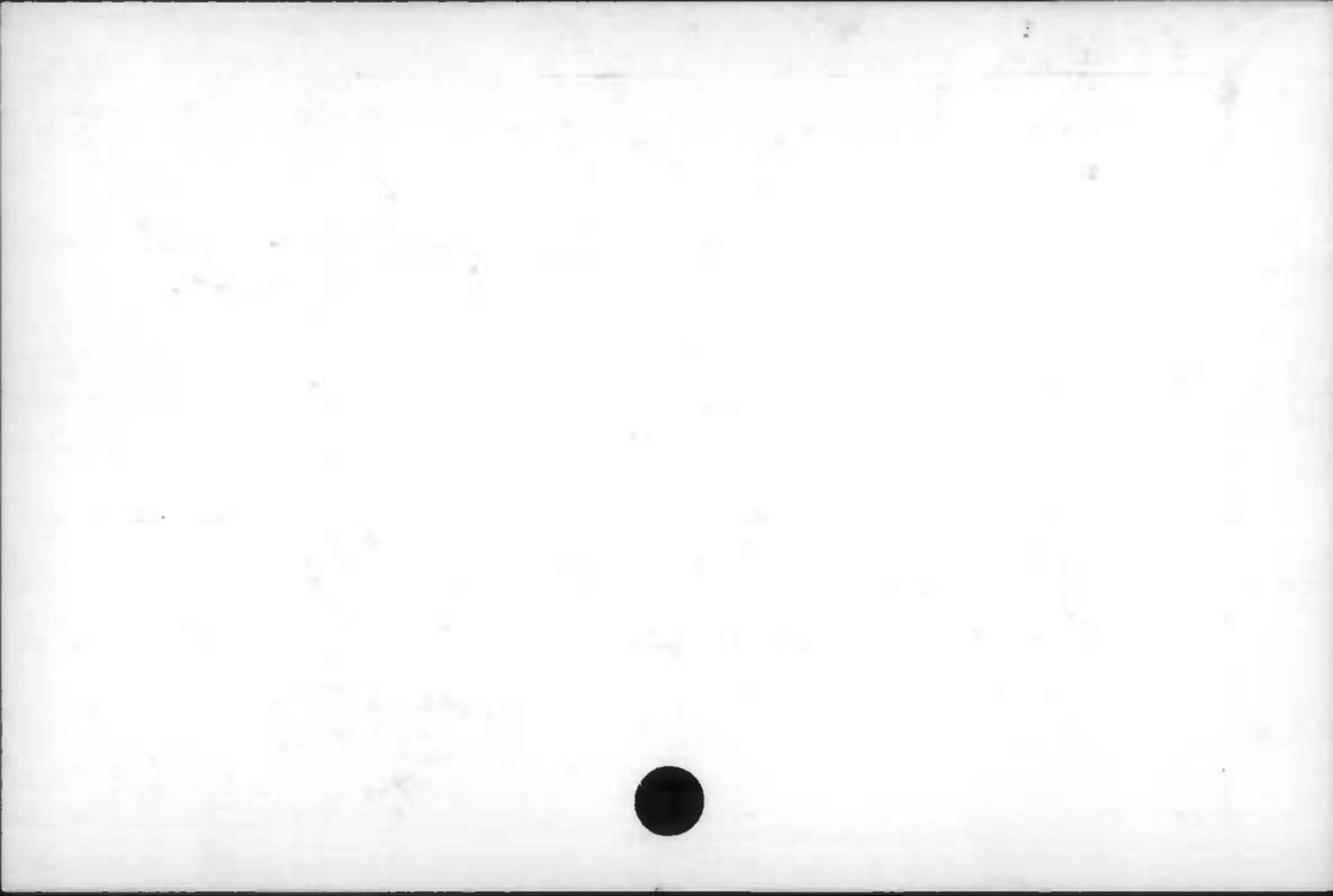
Signature of Physician

Address

B.C. Faw M.D.
Montgomery
Md

Accident or Suicide

no



Name
in
Full

William H. Melty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County			
Died at		Frederick City Hospital.		Frederick	
Date of death	Month	Day	Years	Months	Days
1900	3	14	62	6	-
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	William H. Melty				
Father's Name	Jas. E. Melty				
Mother's Maiden Name	Anna May Wood				
Name of person giving Information	William H. Melty Jr				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

How long

3 weeks

Immediate

Heart failure

How long

2 days.

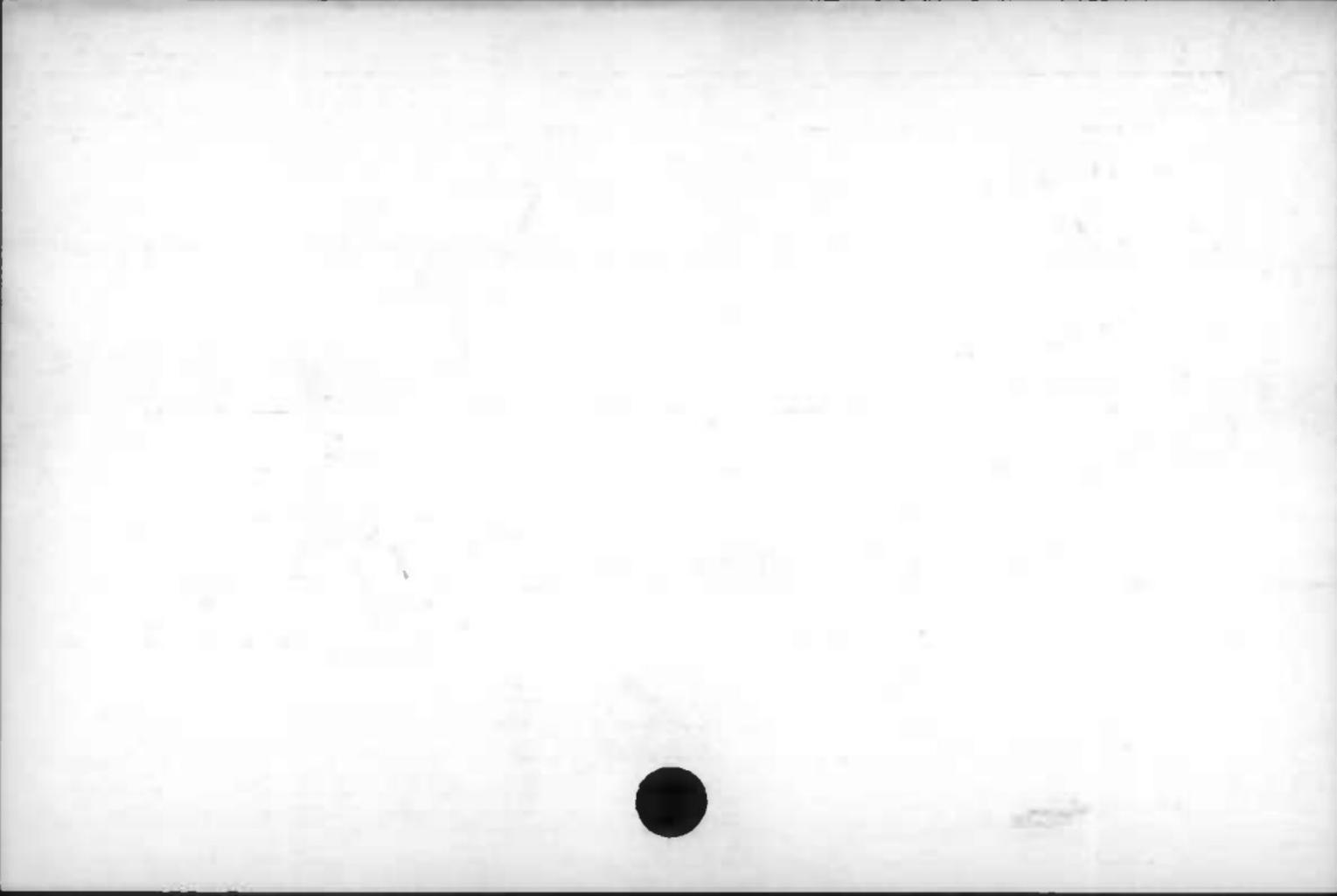
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T B Johnson.
Frederick Md.

Accident or Suicide



Name
in
Full

Ellen Whalen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Mo
Occupation	Translitter				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Beal Whalen				
Mother's Maiden Name	Mary Holt				
Name of person giving information	Rachael Furt				
CAUSES OF DEATH					
Primary	Cerebral Haemorrhage				
Immediate	Paroxysm of Respiration				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
Accident or Suicide?		200			

64

✓

PHYSICIAN
OR CORONER



Jimmy Cole

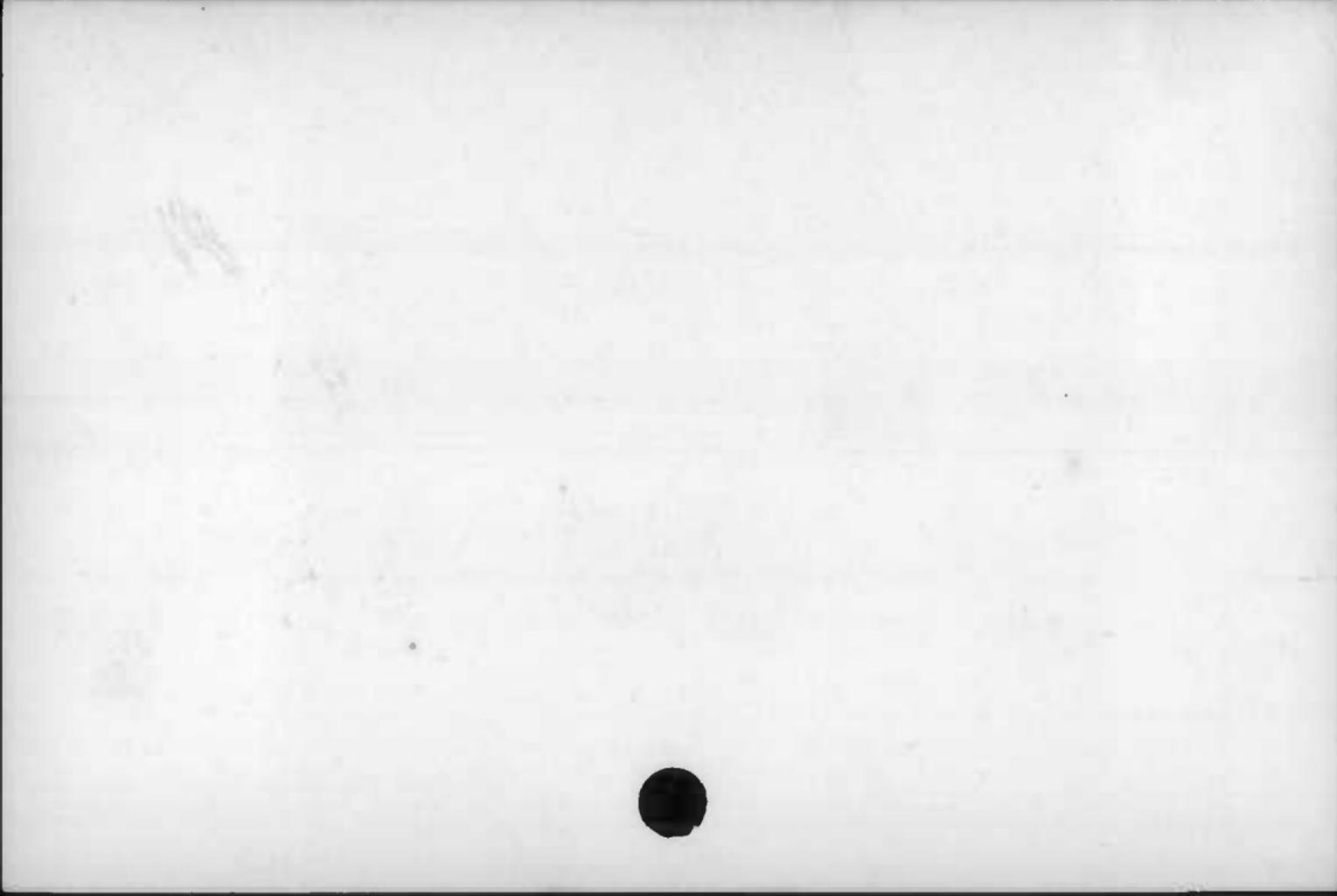
How long

4 days

Signature of Physician

John Campbell Brown

Fredk Md



Name
in
Full

Not Named Winebrenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town
Near Woodabow

Date Month Day
of death 1900 March 9

County
Frederick

MARYLAND

Months Days

Still Born

Sex Male

Color or
Race

White

Birth-
place Near
Woodabow

Occupation

Where Residing if not
at place of death

Same

Married, Single
Widowed

Name of Wife or
Husband

none

Father's
Name

Moses V. Winebrenner

Father's
Birthplace Fred. Co. Md.

Mother's
Maiden Name

Bessie Gertrude Myers

Mother's
Birthplace Fred. Co. Md.

Name of person giving
Information

Moses V. Winebrenner

How related
to deceasedad
Father

Primary

CAUSES OF DEATH

Still Born

8

✓

Immediate

Are the name, age, sex, color, date
and place correctly given above?

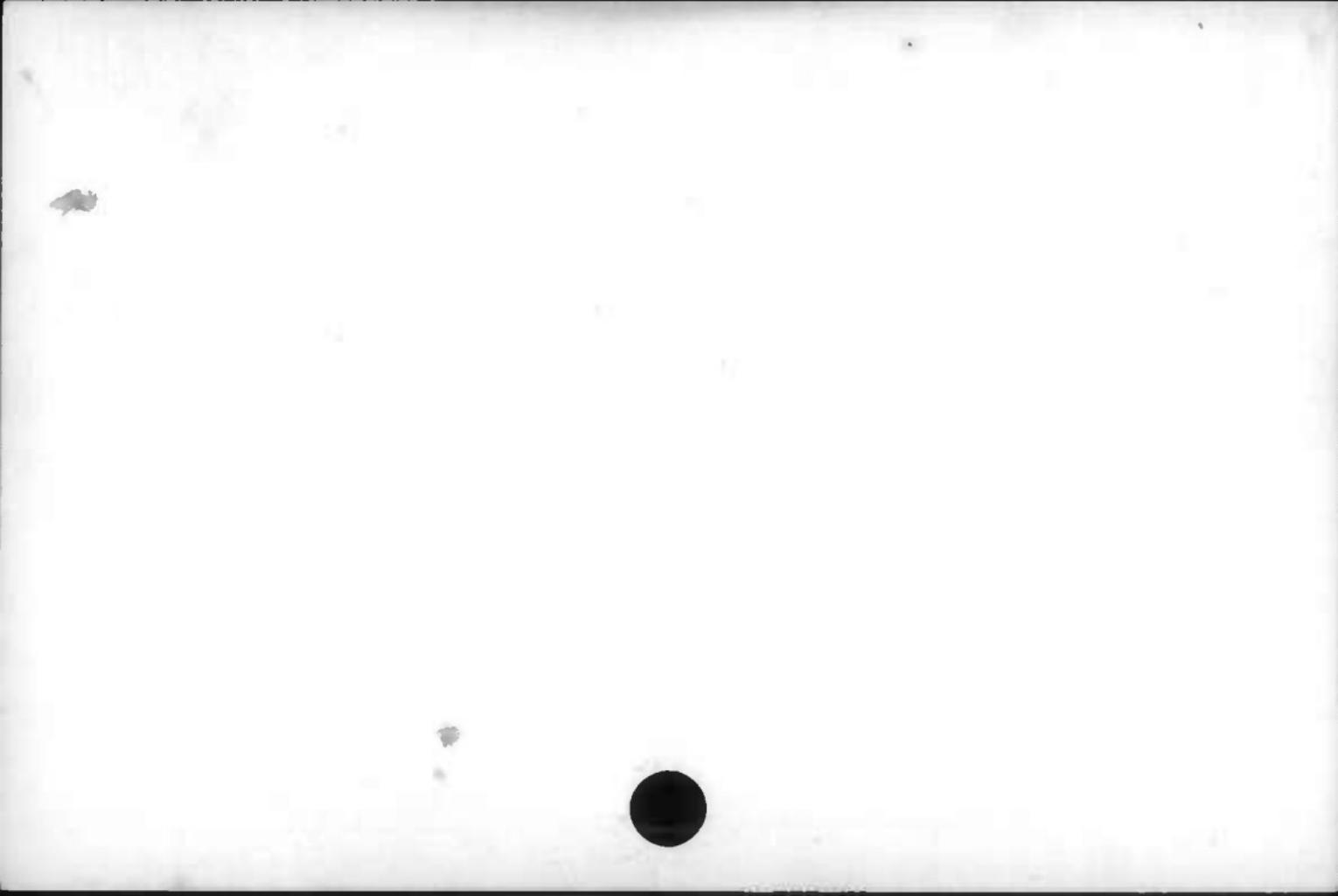
yes

Signature of
Physician

Address

C. A. Stultz M.D.

Accident or Suicide



Name
in
Full

Marcia Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND
Date of death	Month	Year	Month
1940	3	21	22
Sex	Color or Race	Age	Days
Female	White	11	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Walter A Wolf		
Mother's Maiden Name	Bessie M Hayes		
Name of person giving Information	Walter A Wolf		

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

93

How long

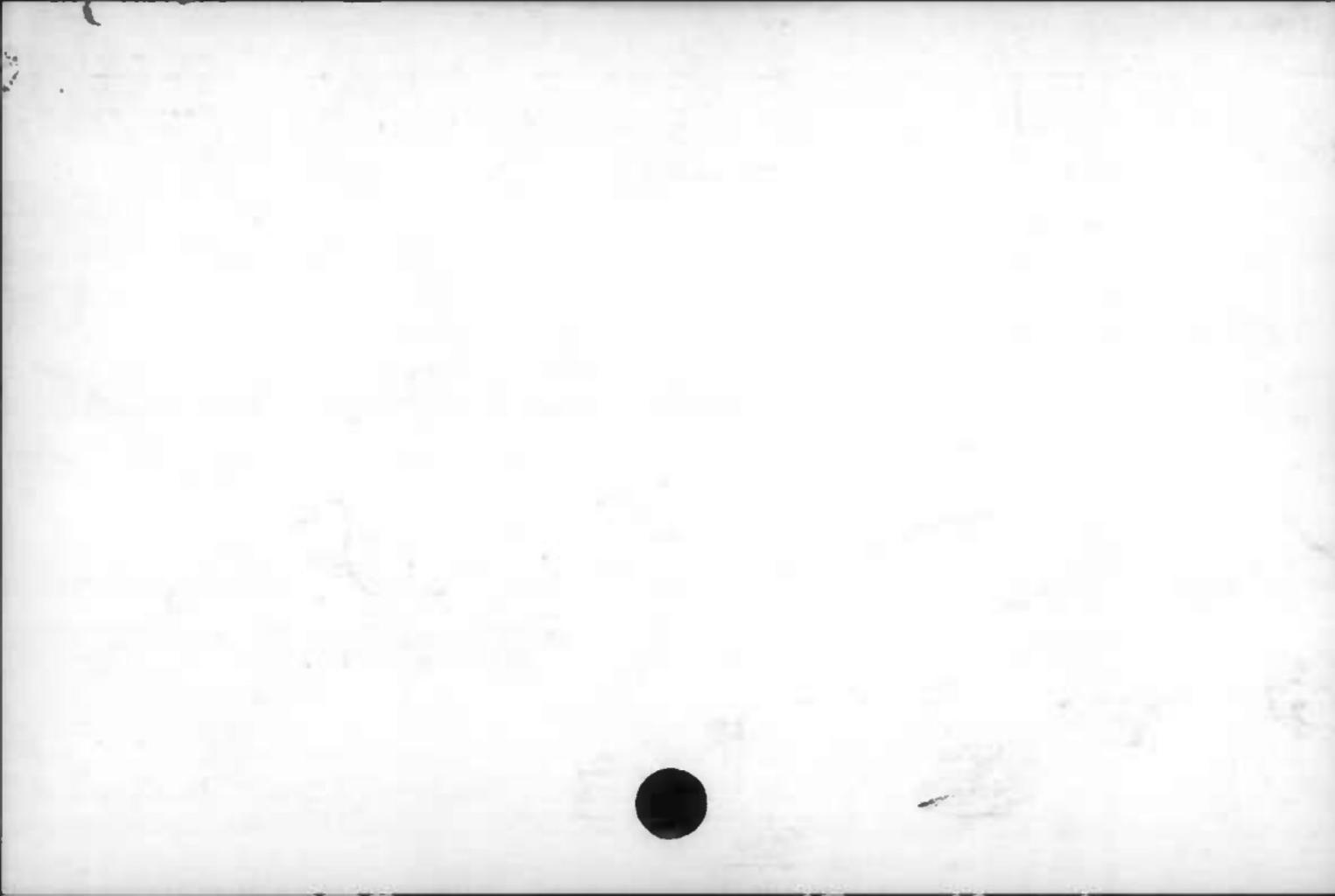
3 days

How long

5 days

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Alexander Woodward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Frederick County MARYLAND
Town Month Dey Years Months Days
Date of death 1910 3 17 Age 88 10 13
Sex Male Color or Race White Birth-place Frederick
Occupation Bricklayer & Produce Where Residing if not at place of death Same
Married, Single or Widowed Widowed Name of Wife Ellen Burrall.
Husband Father's Name John Woodward Father's Birthplace Maryland
Mother's Maiden Name Sarah Albaugh Mother's Birthplace "
Name of person giving Information Mrs. Geo. T. Lewis How related to deceased Daughter
Information

CAUSES OF DEATH

Primary

Hypertrophy of prostate gland 5 years
Cystitis - pyonephrosis How long 6 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

125 ✓

How long

How long

Accident or Suicide

Interment Mar 19, 1910

" at Mt. Olivet Cem.

Thomas P. Rice F.D.

as T. B. Johnson

Dr M. Gandy

Name
in
Full

Ruth May Ginger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Frederick

County

Frederick

MARYLAND

Date

of death

1940

Month

3

Day

6

Years

1

Months

7

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Frederick

Occupation

Where Residing if not
at place of death

Sance

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Harry E. Ginger

Father's
Birthplace

Frederick

Mother's
Maiden Name

Rhoda Roice

Mother's
Birthplace

Frederick

Name of person giving
Information

Mr. E. Ginger

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pitressis & Gastritis

8

V

8 weeks.

Immediate

Broncho-Pneumonia

How long

5 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

L. E. Brown
Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mar 8 - 10
" at Mt. Olivet Cemetery

Thomas P. Rice Finl.

as J. D. Hendrix

as McCurdy